Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

2016 Annual Report

SECRETARY OF STATE

DECELY 5

JAN > 1 2017

Secretary of State
Capitol Office, pp

Delbert Hosemann

Name of Candidate Sally Burchfield Solly	Secretary of State
Address 183 Oak Hill DRIVE NE County L	
Telephone 601 - 757 - 7446 Fax	
Office Sought Senate Dst. 39 Email Address	ss <u>senatorsallydoty</u> @ 5mail.Con
Check here if above is different from previous report	5mail.Con
January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016	6)
Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.	Required to terminate reporting obligations
<u>IMPORTANT</u>	

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

	REPORTED CONTRIBUTION	NS A	ND DISBURSEMENTS		
	Itemized + Non-itemized =		This Period		Calendar Year-To-Date
Total amount of contributions	\$11,950+\$ 1,525	\$	13,475.00	\$	13,475.00
Total amount of disbursements	\$ 5,124+\$ 2,095. 36	\$	7,219.00	\$	7,219,00
Total amount of cash on hand	10, 240.65	\$			
Signature of Candida	ed this report and to the best of my		1/31/17 Date	е, ас	curate, and complete.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee	SAM	Doto			1	
Reporting period 1/1/16	,	through _	12/	131	116	

ITEMIZED DISBURSEMENTS

	T	r
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Freshwater Designs Inc. Mailing Address	(WO., Day, Tear)	
Monticello St.	111116	\$ 447,50
City, State, Zip Code Dookhoven, Ms 39601	12/29/16	\$180.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1227,50
B. Full name	Date	Amount of each
Becky Merciel	(Mo., Day, Year)	disbursement this period
Mailing Address	61316	\$ 672.00
City, State, Zip Code MS 39110	//	\$
Purpose of Disbursement (Optional) Reimburse for New Leadership Reception	Aggregate Year-to-date	\$ 672.00
Sally Doty	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 183 Oak Hill Dn.	8 126116	\$ 500.00
City, State, Zip Code	//	\$ 500,00
Purpose of Disbursement (Optional) Fundaniser - Food + Supplies Reimburse - Computer (Partial Cost)	Aggregate Year-to-date	\$ =1,000
Kerring boise Confidence World		
D. Full-name	Date	Amount of each
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		disbursement this period
Mailing Address Wonticello Excet City, State, Zip Code	(Mo., Day, Year)	\$ 220,00
Mailing Address Wonticello Excet	(Mo., Day, Year)	disbursement this period
Mailing Address Wonticello Excet City, State, Zip Code	(Mo., Day, Year)	\$ 220,00
Mailing Address Monticello Excet City, State, Zip Code Brookhoven, Ms 39601	(Mo., Day, Year) 8 / 9 / 16 // Aggregate	\$ 220,00
Mailing Address Manticello Excet City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Danies Tony Davis	(Mo., Day, Year) S/9/16 /_/ Aggregate Year-to-date	s 220.00
Mailing Address Monticello Excet City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	(Mo., Day, Year) S/9/16 /_/_ Aggregate Year-to-date Date	\$ 220.00 \$ Amount of each
Mailing Address City, State, Zip Code Brownsomer (Optional) E. Full name Mailing Address Mailing Address Stephens City, State, Zip Code Monticello, Ms 37654	(Mo., Day, Year) S/9/16 /_/_ Aggregate Year-to-date Date	s 220.00 \$ Amount of each disbursement this period
Mailing Address Mailing Address City, State, Zip Code Brownhowen, Ms 3960 Purpose of Disbursement (Optional) E. Full name Mailing Address Stephens	(Mo., Day, Year) S/9/16 /_/_ Aggregate Year-to-date Date	s 220.00 \$ 270.00 Amount of each disbursement this period \$ 1,500.00
Mailing Address City, State, Zip Code Brownsomer (Optional) E. Full name Mailing Address Mailing Address City, State, Zip Code Market Stephens City, State, Zip Code Monticello, Ms 37654	(Mo., Day, Year)	s 220.00 \$ 270.00 \$ Amount of each disbursement this period \$ 1,500.00
Mailing Address Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address Mailing Address City, State, Zip Code Monticello Ms 37654 Purpose of Disbursement (Optional) H. A. F. July Program	(Mo., Day, Year) 8/9/16 // Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate Year-to-date Date	s 220.00 \$ 270.00 \$ 270.00 Amount of each disbursement this period \$ 1,500.00 Amount of each
Mailing Address Mailing Address City, State, Zip Code Mailing Address Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Monfiello, Ms 37654 Purpose of Disbursement (Optional) Harry F. Full name MS PS Mailing Address	(Mo., Day, Year) 8/9/16 Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	s 220.00 \$ 270.00 \$ 270.00 Amount of each disbursement this period \$ 1,500.00 Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Monticello Purpose of Disbursement (Optional) City, State, Zip Code Monticello Purpose of Disbursement (Optional) Hand of July Program F. Full name MS PS Mailing Address Mailing Address	(Mo., Day, Year) 8/9/16 Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	s 220.00 \$ 270.00 \$ 270.00 Amount of each disbursement this period \$ 1,500.00 Amount of each disbursement this period \$ 250.00

Name of Candidate or Committee _	Sally Dotal
Reporting period	through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name Miss Mississippi Org.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1015116	\$ 255,00
Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional) Procent ance Fee - Vet, DAG	Aggregate Year-to-date	\$ 255.00
B. Full hame	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

A.	uzu	,	UI	

Name of Candidate	e or	Committee	8xll	Doto			
Reporting period	1	1/16		through	12	31	16
	7	A December 1988				-	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cable PAC MCTA	12/201/6	\$ 200.00
Mailing Address P.O. Box 55867	$\Box_I \Box_I \Box$	\$
City, State, Zip Code Tacks on, Ms 39296	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Occupation (Required)	Aggregate year–to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12120116	\$ 350,00
Mailing Address	<u>,</u>	1 550,00
P.O. BOX 1640		\$
City, State, Zip Code Jachson Ms 39215	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)	$\square_I \square_I \square$	\$ [
Occupation (Required)	Aggregate year–to-date	\$ 350.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stepher + Beth Clay	12/20116	\$ 250.00
Mailing Address		\$
P.O. Box 217 City, State, Zip Code		\$
Jackson, Ms 39, 205 Name of Employer (Required)		
The Clan Firem		\$
Occupation (Required) Cout, Relations	Aggregate year–to-date	\$ 750.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12120116	\$ 200.00
Mailing Address		¥ 200, 00
1020 Highland Colony Suite 1400		\$
City, State, Zip Code R: decland, MS 39157		\$
Name of Employer (Required) The Hust Group UC		\$
Occupation (Required)	Aggregate year–to-date	\$ 200.00
	year-to-uate	

1	age		vı	•
---	-----	--	----	---

Name of Candidate	e or	Co	mmittee [SAU	n Doty		
Reporting period <u></u>	1	1/	16		through	12/31	116

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(mo., buy, rour)	this period
Full name Kathung Stewart	12/20/16	\$ 700.00
Mailing Address 119 Shore line DR.	$\Box_I \Box_I \Box$	\$
City, State, Zip Code		\$
Name of Employer (Required)		
ITPIC		\$
Occupation (Required) Cout Relations	Aggregate year–to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Caroline Sims	12120116	\$ 200.00
Mailing Address	F.F.F	•
4125 Clane Blud City, State, Zip Code		\$
Jachson, Ms 39216	$\Box_I \Box_I \Box_I$	\$
Name of Employer (Required) Butley 5000		\$
Occupation (Required)	Aggregate	\$ 200,00
Gout, Relations	year-to-date	
C Source C Corporation PAC I Individual Loop C		Ø 70 3⊆0 37
C. Source Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt
Other (please specify) Full name Sydney Allen Mailing/Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brak Bun, Prive City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ \begin{align*} \textit{Z00.} \textit{50} \\ \text{\$ \left[\textit{T00.} \text{\$ \text{\$\$ \text{\$\$ \text{\$ \text{\$ \text{\$\$ \text{\$\$ \text{\$\$ \text{\$ \text{\$\$} \text{\$\$ \text{\$\$ \text{\$\$ \text{\$\$ \text{\$\$ \text{\$\$ \text{\$\$}
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brae Burn, Prive City, State, Zip Code Tachson, Ms 39211	(Mo., Day, Year)	receipt this period \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brae Burn Prive City, State, Zip Code Tachson, Ms 39211 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ \begin{align*} \textit{Z00.} \textit{50} \\ \text{\$ \left[\textit{T00.} \$ \text{\$ \text{\$\$ \text{\$\$ \text{\$\$ \text{\$\$ \text{\$ \text{\$\$ \exitt{\$ \text{\$\$ \exitt{\$ \text{\$\$ \exittit{\$ \text{\$\$ \exitex{\$\$ \text{\$\$ \text{\$\$ \tex
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brae Burn, Prive City, State, Zip Code Tachson, Ms 39211	(Mo., Day, Year)	receipt this period \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify) Full name Sydney Alen Mailing/Address 200 Bras Burn, Prive City, State, Zip Code Tackson, Ms 39211 Name of Employer (Required) Buffy 8000 Occupation (Required)	(Mo., Day, Year) T Z	receipt this period \$ \tag{200.00} \$ \tag{500.00} \$ \tag{500.00}
Other (please specify) Full name Sydney Allen Mailling/Address 200 Bral Burn, Prive City, State, Zip Code Tachson, Ms 39211 Name of Employer (Required) Buffer Symbol Occupation (Required) Cout, Kelutous D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) Tall Tal	receipt this period \$ \tag{700.00} \$ \tag{500.00} \$ \tag{500.00} \$ \tag{500.00} \$ \tag{500.00}
Other (please specify) Full name Sydney Alen Mailing/Address 200 Brac Burn, Prive City, State, Zip Code Tackson, Ms 39211 Name of Employer (Required) Bully Snow Occupation (Required) Cout, Relutions D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) T Z	s Zoo. So Amount of each receipt this period
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brak Burn, Prive City, State, Zip Code Jackson, Ms 39211 Name of Employer (Required) Burk Snow Occupation (Required) Covt. Relutions D. Source: Corporation PAC Individual Loan Other (please specify) Full name ECM Co PAC Mailing Address	(Mo., Day, Year)	receipt this period \$ \tag{200.} \text{0} \text{0} \text{0} \text{0} \text{0}
Other (please specify) Full name Sydney Allen Mailing/Address 200 Park Burn, Prive City, State, Zip Code Tachson, Ms 39211 Name of Employer (Required) Butter Snow Occupation (Required) Covt. Relutions D. Source: Corporation PAC Individual Loan Other (please specify) Full name ECM Cop PAC Mailing Address P. O. Bux 3300 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ \tag{Zoo.} \tag{Soo.}
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brak Brun, Prive City, State, Zip Code Jackson, Ms 39211 Name of Employer (Required) Buttly Syon Occupation (Required) Covt, Relutions D. Source: Corporation PAC Individual Loan Other (please specify) Full name ECM Cop PAC Mailing Address P. O. Box 3300	(Mo., Day, Year)	receipt this period \$ \times_{\text{200.}} \times_{\text{300.}} \times_
Other (please specify) Full name Sydney Allen Mailing/Address 200 Brac Bran, Prive City, State, Zip Code Jackson, Ms 39211 Name of Employer (Required) Cocupation (Required) Cocupation (Required) Other (please specify) Full name Com Comparation PAC Individual Loan Other (please specify) Full name Com Comparation PAC Mailing Address P. O. Box 3300 City, State, Zip Code Aidealand, MS 39158 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ \tag{Zoo.} \tag{Soo.}
Other (please specify) Full name Bydney Allen Mailing/Address 200 Bral Burn, Prive City, State, Zip Code Jackson, Ms 37211 Name of Employer (Required) Bully 8000 Occupation (Required) Corporation PAC Individual Loan Other (please specify) Full name ECM Corporation PAC Mailing Address P. D. Bux 3300 City, State, Zip Code Aidecland, Ms 39158	(Mo., Day, Year)	receipt this period \$ \times_{\text{200.}} \times_{\text{300.}} \times_

ı ağı	U.	•
-------	----	---

Name of Candidate or Committe	e Sply Doty
Reporting period //1//6	through /2/31/16
í IT	EMIZED RÉCÉIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/20116	\$ 250,00
Mailing Address	<u> </u>	4 200,
	$ \Box_I \Box_I \Box_I \Box$	\$
825 N. President St		3
City, State, Zip Code		\$
Jachson, Ms 39202		3 1
Name of Employer (Required)		\$
Occupation (Required)		
Gecupation (Regulieu)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		uno perioa
MS Bankers Assoc,	12/20116	\$ 25000
Mailing Address		
- Company of the Comp		\$
PO. 130x 1091		
City, State, Zip Code		\$
JACKSON, M5 39205		T 1
Name of Employer (Required)		\$
Occumentary (Demokrati)		
Occupation (Required)	Aggregate	\$ 250,00
C. Source Corporation PAC Individual Loan	year–to-date	
c. source Corporation FAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
20 Oct 100 Oct		uns periou
Full name NIS ASSN. of Realtons	12/20/16	\$ 1,000.00
Mailing Address		
PO BOX 3 2/000	1_1_1	\$
City, State, Zip Code		
T/ 1 00 C 20022		\$
Name of Employer (Required)		
Name of Employer (Nedured)		\$
Occupation (Required)	Aggregate	- A
Soupation (roganica)	year-to-date	\$ 1,000.00
D. Source: Corporation PAC Individual Loan	your to date	Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full pame	72 . 5 . 5	
Lenders PAC	12120116	\$ 4,000,00
Mailing Address		W Marine 1997
P.O. BOX 24087		\$
City, State, Zip Code		¢ [
Jackson MS 39225	<u></u>	\$
Name of Employer (Required)		\$
Description (Postulated)		
Occupation (Required)	Aggregate vear–to-date	\$ 1,000.00

1	age		VI	<u>. </u>	
	age	_	VI	<u>. </u>	

Name of Candidate or Commit	ttee
Reporting period	through

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name N/S Physicians PAC	PHENIK	\$ 1,000,00
Mailing Address 1 Parelewan Place	$\Box_I \Box_I \Box$	\$
City, State, Zip Code Ridecland, Ms 39157		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Ambeuser Bush	12120116	\$ 750.
Mailing Address Clo Clan Firm P.O.Box 217	$\Box_I \Box_I \Box$	\$
City, State, Zip Code Tackson, Ms 39 205	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 750.
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name loan of MS LLC	$\square_I\square_I\square$	\$ 1,000.00
P. O. Box 320001	$\square_I \square_I \square$	\$
City, State, Zip Code Flowood, NIS 39232	$\square_I \square_I \square_I$	\$
Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Den burn	$\Box_I \Box_I \Box$	\$ 500.00
Mailing Address 5320 Legacy DR.	$\square_I \square_I \square$	\$
City, State, Zip Code PLAND 1X 75 024	$\square_I \square_I \square$	\$
Name of Employer (Required)	\Box ' \Box '	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.

	age	,	1/1	i 1
_			VI	_

Name of Candidate or Committee	
Reporting period	through

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tear)	this period
Full name Miss Independent RX	12/20/16	\$ 1,000.
Mailing Address 4209 Laheland PR. St. 399	$\Box_I \Box_I \Box$	\$
City, State, Zip Code		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000 -
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	10/25/16	\$ 500-
Serona Clark WAI-MART Stores Inc. Mailing Address	10112116	\$ 500 -
100 Cold Crock, Hotton	$\Box_I \Box_I \Box$	\$
City, State, Zip Code Bentonuille AR Aladison MS 31140 72716	$\square_I \square_I \square$	\$
Name of Employer (Required)	$\Box_I\Box_I\Box_I$	\$
Occupation (Required)	Aggregate	\$ 500
	year-to-date	00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ 500 00
Advance America. Mailing Address	718116	+ 1 300,
135 N. Church St.		\$
Soutenburg SC 29306	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)	$\square_I \square_I \square_I$	\$
Occupation (Required)	Aggregate	\$ 500.00
B 0 F 0	year-to-date	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
PhRMA Mailing Address	118116	\$ 50000
830 N Street nite B		\$
Byton Lover A 70802	$\square_I \square_I$	\$
Name of Employer (Required)	$\Box_{I}\Box_{I}\Box$	\$
Occupation (Required)	Aggregate year–to-date	\$ 50000
	y cai – to-uate	

1	age	,	VI	

Name of Candidate or Committee		0
Reporting period	through	

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,,	this period
Full name CEAFT PAC	Maile	\$ 250
Mailing Address		6
City, State, Zip Code	<u>'-'-'-</u>	\$
Jackson M 5 39216	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250-
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	12131116	\$ ===
Dennis Milling Address	1213(116	\$ 500.00
PO BOX 427		\$
City, State, Zip Code Jackson, Ms 39205	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)		\$
0 (2 1 1 1		
Occupation (Required)	Aggregate year–to-date	\$ 500,00
C. Source Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name MHA PAC	12/20/16	\$ 1,000
Mailing Address		
PO 130X 1909		\$
City, State, Zip Code Nadison Ms 39/30	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)	$\Box_I \Box_I \Box_I$	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000-
D. Source: Corporation PAC Individual Loan	year-to-date	200
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		- D62
AT+T PHC Mailing Address	1015114	\$ 350
111 & Capital St.		\$
City, State, Zip Code / Ms 3920/	$\Box I \Box I \Box$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1350,00
	year–to-date	