

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Sally Burchfield Doty
 Address 183 Oak Hill Drive NE County Lincoln
 Telephone 601-757-7446 Fax _____
 Office Sought Senate Dist. 39 Email Address senatorsallydoty@gmail.com

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ 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

IMPORTANT

- (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 CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>11,950.-</u> + \$ <u>1,525.-</u>	\$ <u>13,475.00</u>	\$ <u>13,475.00</u>
Total amount of disbursements	\$ <u>5,124.-</u> + \$ <u>2,095.36</u>	\$ <u>7,219.00</u>	\$ <u>7,219.00</u>
Total amount of cash on hand	<u>10,240.65</u>	\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Sally Doty

Date 1/31/17

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 Sally Doty
 Reporting period 11/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>Freshwater Designs Inc.</u>	Date (Mo., Day, Year) <u>1 / 11 / 16</u>	Amount of each disbursement this period \$ <u>447.50</u>
Mailing Address <u>Monticello St.</u>		
City, State, Zip Code <u>Brookhaven, Ms 39601</u>	<u>12 / 29 / 16</u>	\$ <u>780.00</u>
Purpose of Disbursement (Optional) <u>Graphic Design</u>	Aggregate Year-to-date	\$ <u>1227.50</u>
B. Full name <u>Becky Mercier</u>	Date (Mo., Day, Year) <u>6 / 3 / 16</u>	Amount of each disbursement this period \$ <u>672.00</u>
Mailing Address		
City, State, Zip Code <u>Madison Ms 39110</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Reimburse for New Leadership Reception</u>	Aggregate Year-to-date	\$ <u>672.00</u>
C. Full name <u>Sally Doty</u>	Date (Mo., Day, Year) <u>8 / 26 / 16</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>183 Oak Hill Dr.</u>		
City, State, Zip Code <u>Brookhaven, Ms</u>	<u> / / </u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional) <u>Reimburse - Computer (partial cost)</u>	Aggregate Year-to-date	\$ <u>1,000</u> 500.00
D. Full name <u>Brookhaven Gridiron Club</u>	Date (Mo., Day, Year) <u>8 / 9 / 16</u>	Amount of each disbursement this period \$ <u>220.00</u>
Mailing Address <u>Monticello Street</u>		
City, State, Zip Code <u>Brookhaven, Ms 39601</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>220.00</u>
E. Full name <u>Dan Tony Davis</u>	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$ <u>1,500.00</u>
Mailing Address <u>St. Stephens</u>		
City, State, Zip Code <u>Monticello, Ms 39654</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>4th of July Program</u>	Aggregate Year-to-date	\$ <u>1,500.00</u>
F. Full name <u>USPS</u>	Date (Mo., Day, Year) <u>10 / 16 / 16</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>Cherokee Street</u>		
City, State, Zip Code <u>Brookhaven, Ms 39601</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Postage - Veteran's Day</u>	Aggregate Year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Sally Doty
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>Miss Mississippi Org.</u>	Date (Mo., Day, Year) <u>10/5/16</u>	Amount of each disbursement this period \$ <u>255.00</u>
Mailing Address		
City, State, Zip Code <u>Vicksburg, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Appearance Fee - Vet. Day</u>	Aggregate Year-to-date	\$ <u>255.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Sally Doty
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Cable PAC MCTA</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 55867</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, Ms 39296</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>EnpAC MS</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>350.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson ms 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>350.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Stephan + Beth Clay</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 217</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, Ms 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Clay Firm</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Govt. Relations</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pat Lowery</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>1020 Highland Colony Suite 1400</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, ms 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Hurst Group LLC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Sally DotyReporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kathryn Stewart</u>		<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>119 Shoreline Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, Ms 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>H&P IC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Govt Relations</u>		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Caroline Sims</u>		<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>4125 Crane Blvd</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, Ms 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Butler Snow</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Govt. Relations</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Sydney Allen</u>		<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>200 Brae Burn Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, Ms 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Butler Snow</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Govt. Relations</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ECM Co PAC</u>		<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, Ms 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Sally DotyReporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Am Truck PAC</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>825 N. President St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Bankers Assoc.</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1091</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Assn. of Realtors</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 3 21000</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Lenders PAC</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 24087</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39225</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ms Physicians PAC		12/20/16	\$ 1,000.00
Mailing Address 404 W. Parkway Place		____/____/____	\$ _____
City, State, Zip Code Ridgeland, MS 39157		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Anheuser Bush		12/20/16	\$ 250.00
Mailing Address c/o Clay Firm P.O. Box 217		____/____/____	\$ _____
City, State, Zip Code Jackson, MS 39205		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Towa Loan of Ms LLC		____/____/____	\$ 1,000.00
Mailing Address P.O. Box 320001		____/____/____	\$ _____
City, State, Zip Code Flowood, MS 39232		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Denbury		____/____/____	\$ 500.00
Mailing Address 5320 Legacy Dr.		____/____/____	\$ _____
City, State, Zip Code PLANO TX 75024		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) 		
Full name <u>Miss Independent RX</u>	<u>12/20/16</u>	\$ <u>1,000.-</u>
Mailing Address <u>4209 Lakeland Dr. St. 399</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1,000.-</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) 		
Full name <u>Serena Clatter Wal-Mart Stores Inc</u>	<u>10/25/16</u>	\$ <u>500.-</u>
Mailing Address <u>702 SW 8th St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>100 Cold Creek Hollow</u> <u>Bentonville AR 72716</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Madison AAS 3110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.-</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) 		
Full name <u>Advance America</u>	<u>7/8/16</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) 		
Full name <u>PhRMA</u>	<u>11/8/16</u>	\$ <u>500.00</u>
Mailing Address <u>830 N Street + Suite B</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Baton Rouge LA 70802</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name CEAFT PAC		12/21/16	\$ 250-
Mailing Address 3000 B North State St			\$
City, State, Zip Code Jackson MS 39216			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 250-
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name Dennis Miller		12/31/16	\$ 500.00
Mailing Address PO Box 427			\$
City, State, Zip Code Jackson, MS 39205			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name MHA PAC		12/20/16	\$ 1,000-
Mailing Address PO Box 1909			\$
City, State, Zip Code Madison, MS 39130			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000-
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name AT+T PAC		10/5/16	\$ 350.00
Mailing Address 111 E Capitol St.			\$
City, State, Zip Code Jackson, MS 39201			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 350.00