

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report



Name of Candidate Latausha Jackson  
 Address P.O. Box 358 Como, MS 38619 County Panola  
 Telephone 662-586-1122 / 773-632-6745 Fax \_\_\_\_\_  
 Office Sought House of Representatives Email Address lataushaj@yahoo.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	\$ 1,650 +\$ 0	\$ 1,650	\$ 4,650
Total amount of disbursements	\$ 0 +\$	\$ 0	\$ 4,650
Total amount of cash on hand		\$	

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 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 Lataisha JacksonReporting period 1/1/2016 through 12/31/2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power PAC</u>	<u>7/10/16</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 407A</u>	□/□/□	\$ _____
City, State, Zip Code <u>Gulfport MS 39502</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie Bowman</u>	□/□/□	\$ <u>250.00</u>
Mailing Address <u>2757 Monarc Marbled</u>	□/□/□	\$ _____
City, State, Zip Code <u>Terry, MS 39170</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>North Thomas</u>	□/□/□	\$ <u>200.00</u>
Mailing Address <u>200 S Lamar Street Suite 1050</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Lobbyist WT Consultant</u>	□/□/□	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T PAC</u>	□/□/□	\$ <u>200.00</u>
Mailing Address <u>111 E. Capitol Street</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39110</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Latasha Jackson

Reporting period 1/1/2016 through 12/31/2016

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jennette Jackson</u>	<u>12/1/16/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 182</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Como MS 38619</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Kroger</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Drug GM Manager</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ethora Jackson</u>	<u>12/1/16/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 182</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Como, MS 38619</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired Teacher</u>	□ / □ / □	\$ _____
Occupation (Required) <u>North Panola School District</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____