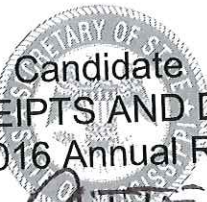




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate RANDALL H. PATTERSON
 Address 1352 KENSINGTON DR. County HARRISON
 Telephone 228 348-2170 Fax _____
 Office Sought HOUSE OF REP. DIST. 115 Email Address _____

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>2550.⁰⁰ + \$</u>	\$ <u>2550.⁰⁰</u>	\$ <u>2550.⁰⁰</u>
Total amount of disbursements	\$ <u>20,000.⁰⁰ + \$</u>	\$ <u>20,000.⁰⁰</u>	\$ <u>20,000.⁰⁰</u>
Total amount of cash on hand		\$ <u>18,505.68</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Randall H. Patterson Signature of Candidate 14 JAN. 2017 Date

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 RANDALL H. PATTERSON
 Reporting period JAN. 2016 through 31 DEC. 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" 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>GARDEN PARK MED. CENTER PAC</u>		<u>12/29/16</u>	\$ <u>300.00</u>
Mailing Address <u>15200 COMM. RD.</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>GULFBRT MS. 39503</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</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>ANHEUSER BUSCH</u>		<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 217</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON MS. 39205</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
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>MISS. ASN. OF REALTORS</u>		<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 321000</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood MS. 39232</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
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 <u>ADAMS AND REESE LLP</u>		<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>4500 ONE SHELL SQUARE</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>NEW ORLEANS, LA. 70139</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee RANDALL H. PATTERSON
 Reporting period 1 JAN. 2016 through 31 DEC. 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>OMEGA PROTEIN</u>	<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>2105 CITY WEST BLVD. ST 500</u>	[] [] []	\$ []
City, State, Zip Code <u>HOUSTON, TX 77042</u>	[] [] []	\$ []
Name of Employer (Required) _____	[] [] []	\$ []
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" 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 <u>MEDICAL ANALYSIS LLC</u>	<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 4399</u>	[] [] []	\$ []
City, State, Zip Code <u>BILOXI, MS. 39535</u>	[] [] []	\$ []
Name of Employer (Required) _____	[] [] []	\$ []
Occupation (Required) _____	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>ROY & CAROLYN HUTCHESON</u>	<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>1904 ROSEBERRY DR.</u>	[] [] []	\$ []
City, State, Zip Code <u>SCOTTSDORO, AL. 35769</u>	[] [] []	\$ []
Name of Employer (Required) <u>SELF EMPLOYED</u>	[] [] []	\$ []
Occupation (Required) <u>LOAN BUSINESS</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. 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>COMM. FOR CLEAN ENVIR./BEVERAGE ASSOC.</u>	<u>12/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>3000 N. STATE ST.</u>	[] [] []	\$ []
City, State, Zip Code <u>JACKSON, MS. 39216</u>	[] [] []	\$ []
Name of Employer (Required) _____	[] [] []	\$ []
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee RAUDALL H. PATTERSON
 Reporting period JAN. 2016 through 31 DEC. 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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			
<u>MAE-PAC / STATE FARM</u>		<u>12/29/16</u>	\$ <u>500.00</u>
Mailing Address			
<u>P.O. Box 100</u>			
City, State, Zip Code			
<u>JACKSON, MS. 39205</u>			
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
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			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$ _____
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			
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$ _____

Name of Candidate or Committee RANDALL H. PATTERSON
 Reporting period 1 JAN 2016 through 31 DEC 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>RANDALL H. PATTERSON</u>	Date (Mo., Day, Year) <u>12/29/16</u>	Amount of each disbursement this period \$ <u>20,000.00</u>
Mailing Address <u>1352 AENSINGTON DR.</u>		
City, State, Zip Code <u>BILOXI, MS. 39530</u>	_ / _ / _	\$
Purpose of Disbursement (Optional) <u>PAY BACK LOAN</u>	Aggregate Year-to-date	\$ <u>20,000.00</u>
B. 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	\$
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	\$