

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Nickey Browning
 Address 162 W. Oxford St. Pontotoc Ms 38863 County Pontotoc
 Telephone 662-489-5979 Fax _____
 Office Sought State Senator Email Address _____

Check here if above is different from previous report

X 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>3900.00</u> + \$ <u>200.00</u>	\$ <u>4,100.00</u>	\$ <u>4,100.00</u>
Total amount of disbursements	\$ <u>3948.75</u> + \$ <u>3080.12</u>	\$ <u>7,028.87</u>	\$ <u>7,028.87</u>
Total amount of cash on hand		\$ <u>51,948.13</u>	

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

Nickey Browning
Signature of Candidate

1-31-17
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 Nickey Browning
 Reporting period JAN. 1 2016 through Dec. 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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Columbia Pipeline Group Inc. Pac.</u>	<u>1/29/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>10 G. Street N.E.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Washington D.C. 20002</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Columbia Pipeline</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Oil</u>	Aggregate year-to-date	\$ <u>1,000.00</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>BNSF Railway</u>	<u>9/23/16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Menk Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Fort Worth Tx 76131</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>BNSF Railway</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Railroad</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>RT & T Mississippi PAC</u>	<u>12/16/16</u>	\$ <u>350.00</u>
Mailing Address <u>111 E. Capitol St.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jackson Ms. 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>350.00</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>Advance America</u>	<u>12/16/16</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Spartan S.C. 29306</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Advance America</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Loan Company</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Nickey Browning
 Reporting period JAN. 1 2016 through Dec 31 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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gulf State Toyota Inc.</u>	<u>12/11/16</u>	\$ <u>350.00</u>
Mailing Address <u>1375 Enclave Parkway</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Houston Texas 77077</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Gulf State Toyota</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Automobile Parts</u>	Aggregate year-to-date	\$ <u>350.00</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>KCS Rail Pac</u>	<u>12/16/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 219335</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Kansas City Mo. 64121-9335</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 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>Mississippi Power Company State Pac</u>	<u>12/16/16</u>	\$ <u>350.00</u>
Mailing Address <u>P.O. Box 4079</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Gulfport Ms. 39502</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>350.00</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>Electric Power Ass. Pac</u>	<u>12/28/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland Ms. 39158</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>500.00</u>

Name of Candidate or Committee Nicky Browning
 Reporting period Jan 1 2016 through Dec 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>EW. PAC MS.</u>	<u>12/28/16</u>	\$ <u>350.00</u>
Mailing Address <u>P.O. Box 1648</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS. 39215-1648</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>350.00</u>
B. 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	\$ _____
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	\$ _____

Name of Candidate or Committee Nickey Browning
 Reporting period Jan - 2016 through Dec. 31 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>C-Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Hwy 15 N.</u>	<u>1/25/16</u>	\$ <u>138.04</u>
City, State, Zip Code <u>Pontotoc MS. 38863</u>	<u>2/29/16</u>	\$ <u>175.56</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>C-Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/22/16</u>	\$ <u>127.41</u>
City, State, Zip Code	<u>4/15/16</u>	\$ <u>177.41</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>C-Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/18/16</u>	\$ <u>177.66</u>
City, State, Zip Code	<u>6/14/16</u>	\$ <u>176.53</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>C-Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>7/29/16</u>	\$ <u>178.38</u>
City, State, Zip Code	<u>8/24/16</u>	\$ <u>176.53</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>C-Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>9/16/16</u>	\$ <u>178.38</u>
City, State, Zip Code	<u>10/16/16</u>	\$ <u>178.38</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>C-Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/21/16</u>	\$ <u>179.40</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1863.68</u>

Name of Candidate or Committee Nickey Browning
 Reporting period Jan 1 - 2016 through Dec 31 - 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>United States P.O.</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Hwy 15 N.</u>		<u>5/9/16</u>	\$ <u>102.00</u>
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		<u>10/23/16</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name <u>United States P.O.</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Hwy 15 N.</u>		<u>12/20/16</u>	\$ <u>75.20</u>
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>317.20</u>
C. Full name <u>Wal-Mart</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Hwy 15 N</u>		<u>8/15/16</u>	\$ <u>102.62</u>
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		<u>8/22/16</u>	\$ <u>53.43</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name <u>Wal-Mart</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Hwy 15 N.</u>		<u>12/29/16</u>	\$ <u>47.09</u>
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		<u>12/13/16</u>	\$ <u>4.71</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>207.87</u>
E. Full name <u>Nickey Browning</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>162 W. Oxford St.</u>		<u>__/__/__</u>	\$ <u>1,500.00</u>
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Personal Expense Reimbursement</u>		Aggregate Year-to-date	\$ <u>1,500.00</u>
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>__/__/__</u>	\$
City, State, Zip Code		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$