



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Bill Pigott  
 Address 42 Pigott Easterling Rd County Walthall  
 Telephone 601 303 0488 Fax \_\_\_\_\_  
 Office Sought HOUSE Dist 99 Email Address bpigott@house.ms.gov

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	\$ 1250 +\$ 600	\$ 1850	\$ 1850
Total amount of disbursements	\$ <del>1090</del> +\$ 1498.30	\$ 2588.30	\$ 2588.30
Total amount of cash on hand		\$ 46351.96	

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

Bill Pigott  
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

Reporting period  through

# 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) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tyson Foods	11 / 17 / 16	\$ 500.00
Mailing Address 601 PENNSYLVANIA AV. NW	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code Washington, DC 20004	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) Matthew D Mike	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Monsanto Co.	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address 500 N. Lindbergh	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code Saint Louis MO 63167	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) Monsanto	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) Agr.	Aggregate year-to-date	\$ <input type="text"/>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T Pac	12 / 29 / 16	\$ 250.00
Mailing Address 1115 CAPITAL ST STE 6030	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code Jackson MS 39201	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) AT&T managers	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) Telecommunication	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name W JDR FM	Date (Mo., Day, Year) 11 / 4 / 16	Amount of each disbursement this period \$
Mailing Address PO Box 351	___ / ___ / ___	\$
City, State, Zip Code Columbia MS 39429	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Adv	Aggregate Year-to-date	\$ 450.00
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 David Clanton	Date (Mo., Day, Year) 8 / 26 / 16	Amount of each disbursement this period \$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code Meadville MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Work	Aggregate Year-to-date	\$ 400.00
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	\$