2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 26 2017
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate JOSH HARKINS

Address P O Box 320374, Flowood, MS 39232 County Rankin

Telephone 601-932-4663 Fax 601-932-9270

Office Sought Senate District 20 Email Address joshharkins@bellsouth.net

☐ **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	$ 44300.00 + $ 5800.00	$ 50,100.00	$ 50,100.00
Total amount of disbursements	$ 6261.67 + $ 1842.48	$ 8,104.15	$ 8,104.15
Total amount of cash on hand		$ 102,644.58	

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 January 25, 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: Josh Harkins

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC Full name: MS Behavioral Health Services, LLC Mailing Address: 816 Benton Road City, State, Zip Code: Bossier City, LA 71111 Name of Employer (Required): Occupation (Required):	6 / 21 / 16	$ 1000.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC Full name: Rehab Services of SW Louisiana, LLC Mailing Address: 816 Benton Road City, State, Zip Code: Bossier City, LA 71111 Name of Employer (Required): Occupation (Required):	6 / 21 / 16	$ 1000.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: MS Power Co State PAC Mailing Address: PO Box 4079 City, State, Zip Code: Gulfport, MS 39502 Name of Employer (Required): Occupation (Required):	7 / 29 / 16	$ 350.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Gulf States Toyota, Inc. Mailing Address: 1375 ENCLAVE PARKWAY City, State, Zip Code: HOUSTON, TX 77077 Name of Employer (Required): Occupation (Required):	9 / 2 / 16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Josh Harkins

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Michael Johnson Mailing Address: PO Box 12004 City, State, Zip Code: Jackson, MS 39236 Name of Employer (Required): SELF - LANDMARK Homes Occupation (Required): REAL ESTATE management, CONSTRUCTION	10 / 11 / 16 / / / / / / / / Aggregate year-to-date	$ 1000.00 $ $ $ $ $
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Blake Baldwyn Mailing Address: 115 Royal Lytham City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): BANK Plus Occupation (Required): Vice Pres	10 / 11 / 16 / / / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $ $
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Anheuser Busch, LLC Mailing Address: 1125 North State Street / PO Box 217 City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	10 / 11 / 16 / / / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $ $
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Elliott Law Firm Mailing Address: PO Box 110 City, State, Zip Code: Brandon, MS 39043 Name of Employer (Required): Occupation (Required):	10 / 11 / 16 / / / / / / / / Aggregate year-to-date	$ 1000.00 $ $ $ $ $

Name of Candidate or Committee: Josh Harkins

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: MMHA - PAC	10 / 11 / 16	$ 500.00
Mailing Address: PO Box 320869	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nucor Steel - PAC	10 / 21 / 16	$ 1000.00
Mailing Address: 3630 Fourth St.	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brown Services of MS	10 / 21 / 16	$ 1000.00
Mailing Address: PO Box 42316	/ /	$
City, State, Zip Code: Madison, MS 39288	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Global Sector Services, Inc.	10 / 21 / 16	$ 500.00
Mailing Address: 3950 Underwood Dr.	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Miss PAC Mailing Address: 111 E Capitol St. Ste. 6030 City, State, Zip Code: Jackson, MS 39201 Name of Employer (Required): Occupation (Required):	10 / 31 / 16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy Hal Parker Mailing Address: 2820 Narrow Gauge Rd. City, State, Zip Code: Bolton, MS 39041 Name of Employer (Required): SELF EMPLOYED Occupation (Required):	10 / 24 / 16	$ 502.60
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Bassett Mailing Address: PO Box 92 City, State, Zip Code: Brandon, MS 39043 Name of Employer (Required): Occupation (Required): RETIRED	10 / 24 / 16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: L. Forrest Berry Mailing Address: PO Box 9998 City, State, Zip Code: Jackson, MS 39286-0998 Name of Employer (Required): NGV Occupation (Required): PRES.	10 / 24 / 16	$ 1000.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC. 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MHA PAC Mailing Address: PO Box 1909 City, State, Zip Code: Madison, MS 39130 Name of Employer (Required): Occupation (Required):	10/24/16	$ 500.00
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: J. Baxter Burns Mailing Address: 212 Arthurs Court City, State, Zip Code: Brandon, MS 39047 Name of Employer (Required): ERGON ASPHALT Occupation (Required): PRESIDENT	10/24/16	$ 500.00
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Regional ENTERPRISES, LLC Mailing Address: POBox 5989 City, State, Zip Code: Brandon, MS 39047 Name of Employer (Required): Occupation (Required):	10/27/16	$ 1000.00
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: JC Enterprises Mailing Address: PO BOX 54640 City, State, Zip Code: Pearl, MS 39288 Name of Employer (Required): Occupation (Required):	10/27/16	$ 600.00
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Friends of Phil Bryant	10/27/16	$ 500.00
Mailing Address: PO Box 321226	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roger Riddick	10/27/16	$ 250.00
Mailing Address: 204 Sunrise Point Drive	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): COPELAND COOK TAYLOR & BUSH	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ERGON State PAC	10/27/16	$ 1000.00
Mailing Address: PO Box 1639	/ /	$
City, State, Zip Code: Jackson, MS 39215-1639	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SL Alman	10/29/16	$ 500.00
Mailing Address: 245 Hurdle Rd.	/ /	$
City, State, Zip Code: Pelahatchie, MS 39145-5578	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): REAL ESTATE	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jake Windham Mailing Address: 248 Patton Dam City, State, Zip Code: Pearl, MS 39208 Name of Employer (Required): ATTORNEY GENERAL Occupation (Required): INVESTIGATOR	10/27/16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Sarah Thomas Mailing Address: 503 Arbor Lane City, State, Zip Code: Brandon, MS 39047-7076 Name of Employer (Required): NFL Occupation (Required): Referee	10/27/16	$ 400.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Climate Master, Inc. Mailing Address: PO BOX 62776 City, State, Zip Code: Pearl, MS 39288 Name of Employer (Required): Occupation (Required):	10/27/16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: LAWS Construction Mailing Address: PO BOX 2758 City, State, Zip Code: Madison, MS 39130 Name of Employer (Required): Occupation (Required):	10/27/16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)		
Full name: Massee Clark Medra Services	10/27/16	$ 500.00
Mailing Address: 139 Bent Creek Drive	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stephen Davidson	10/27/16	$ 500.00
Mailing Address: 904 Montrose Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): The Face + Body Center	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$
C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Prosperity PAC LLC	10/27/16	$ 500.00
Mailing Address: PO BOX 1869	/ /	$
City, State, Zip Code: Brandon, MS 39043-1869	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Community Bank	10/27/16	$ 500.00
Mailing Address: PO BOX 59	/ /	$
City, State, Zip Code: Forest, MS 39074	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)		
Full name: BNSF Railway Company	10/27/16	$ 250.00
Mailing Address: 2500 Lou Menk Dr., AOB3	/ /	$
City, State, Zip Code: Fort Worth, TX 76131	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ESoftware Solutions, Inc.	10/27/16	$ 500.00
Mailing Address: PO Box 1968	/ /	$
City, State, Zip Code: Ridgeland, MS 39158-1968	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Assn. of MS State PAC	10/27/16	$ 500.00
Mailing Address: PO Box 3300	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Medical State PAC	10/27/16	$ 2000.00
Mailing Address: PO BOX 2548	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Josh Harkins

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Joseph Sams Jr. Mailing Address: 4125 Crane Blvd. City, State, Zip Code: Jackson, MS 39216-3406 Name of Employer (Required): YATES CONST. CO Occupation (Required): LOBBYIST	10/27/16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Jason Yoyles Mailing Address: 107 Saint Andrews Dr. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): SPECTRUM Capital Occupation (Required): PRES.	10/27/16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Arnold S. Hederman III Mailing Address: 5 Charleston Place City, State, Zip Code: Jackson, MS 39211-6070 Name of Employer (Required): Clear Water Group Occupation (Required): LOBBYIST	10/27/16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Clear water Group, LLC Mailing Address: 210 E. Capitol St. Ste. 1150 City, State, Zip Code: Jackson, MS 39201 Name of Employer (Required): Occupation (Required):	10/27/16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Tower Loan of MS, LLC Mailing Address: PO BOX 32001 City, State, Zip Code: Flowood, MS 39232-0001 Name of Employer (Required): Occupation (Required):	10/27/16	$ 1000 00
		$
		$
		$
	Aggregate year-to-date	$
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Advance America Mailing Address: 135 N. Church Street City, State, Zip Code: Spartanburg, SC 29306 Name of Employer (Required): Occupation (Required):	10/27/16	$ 500 00
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: CJ-H Consulting, Inc. Mailing Address: 575 Johnston Drive City, State, Zip Code: Madison, MS 39110-0000 Name of Employer (Required): Occupation (Required):	10/27/16	$ 250 00
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: KCS Rail State PAC Mailing Address: PO Box 219335 City, State, Zip Code: Kansas City, MO 64121-9335 Name of Employer (Required): Occupation (Required):	10/27/16	$ 350 00
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC Full name: First Heritage Credit, LLC Mailing Address: 605 Crescent Blvd., Ste. 101 City, State, Zip Code: Ridgeland, MS 39157 Name of Employer (Required) Occupation (Required)	10/27/16	$ 1000.00
		$
		$
		$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC Full name: Centene Management Co., LLC Mailing Address: Centene Corporation City, State, Zip Code: St. Louis, MO 63105 Name of Employer (Required) Occupation (Required)	10/27/16	$ 1000.00
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: EN PAC Mississippi Mailing Address: PO BOX 1640 City, State, Zip Code: Jackson MS 39215-1640 Name of Employer (Required) Occupation (Required)	10/31/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: BankPlus PAC Mailing Address: 1068 Highland Colony PKWY City, State, Zip Code: Ridgeland, MS 39157 Name of Employer (Required) Occupation (Required)	10/27/16	$ 1000.00
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through: DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Andy Taggart Mailing Address: 148 Chapel Lane City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): TAGGART, RIMES & GRAHAM, PLLC Occupation (Required): ATTORNEY	10/27/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MS REALTORS MAR PAC Mailing Address: PO Box 321000 City, State, Zip Code: Flowood, MS 39232 Name of Employer (Required): Occupation (Required):	10/27/16	$ 1000.00
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Dusty Rhoads Mailing Address: 310 Emerald Cove City, State, Zip Code: Flowood, MS 39232 Name of Employer (Required): McNeal Rhoads Occupation (Required): PRESIDENT	11/16/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: DEN MISS, LLC Mailing Address: PO BOX 320579 City, State, Zip Code: Flowood, MS 39232-0579 Name of Employer (Required): Occupation (Required):	11/16/16	$ 1020.00
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Guidepoint, LLC Mailing Address: 1037 Lake Village Cir., Ste. A City, State, Zip Code: Brandon, MS 39047 Name of Employer (Required): Occupation (Required):	11/10/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify): Full name: Delbert Hosemann Mailing Address: 2219 Heritage Hall Dr. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): STATE of MS Occupation (Required): SECRETARY OF STATE	11/10/16	$ 250.00
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLP Full name: Adams & Reese, LLP Mailing Address: 300 Renaissance 1018 Highland Colony Pkwy Ste. 800 City, State, Zip Code: Ridgeland, MS 39157 Name of Employer (Required): Occupation (Required):	11/10/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Express Scripts, Inc. Mailing Address: One Express Way HQ2E03 City, State, Zip Code: St. Louis, MO 63121 Name of Employer (Required): Occupation (Required):	11/10/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pfizer, Inc.	11/17/16	$ 500.00
Mailing Address: 6730 Lenox Center Ct.	/ /	$
City, State, Zip Code: Memphis, TN 38115	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elmore Elmore, LLC	11/17/16	$ 1000.00
Mailing Address: PO Box 2482	/ /	$
City, State, Zip Code: Madison, MS 39130-2482	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Independent RX PAC	11/23/16	$ 1000.00
Mailing Address: 4209 Lakeland Drive, St. 399	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Dental PAC	11/23/16	$ 1000.00
Mailing Address: 439-B Katherine Drive	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Olive Properties, LLC Mailing Address: PO BOX 321473 City, State, Zip Code: Flowood, MS 39232 Name of Employer (Required): Occupation (Required):	12/15/16	$ 1000.00
		$
		$
		$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify): Full name: Royce Delaney Mailing Address: 13 Northtown Drive, Ste. 220 City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): FELIX, INC. Occupation (Required): PRESIDENT	12/20/16	$ 300.00
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC Full name: Cornerstone Government Affairs, LLC Mailing Address: 300 Independence Ave. SE City, State, Zip Code: Washington, DC 20003 Name of Employer (Required): Occupation (Required):	12/30/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Caremark RX Inc. Mailing Address: PO BOX 2857 City, State, Zip Code: Lincoln, RI 02895-0857 Name of Employer (Required): Occupation (Required):	12/20/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: PhRMA Mailing Address: 950 F. Street NW, Ste. 300 City, State, Zip Code: Washington, DC 20004 Name of Employer (Required) Occupation (Required)	12/15/16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Enova Mailing Address: 175 W. Jackson Blvd., Ste. 1000 City, State, Zip Code: Chicago, IL 60604 Name of Employer (Required) Occupation (Required)	12/15/16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LP Full name: Plains Marketing, LP Mailing Address: PO Box 4648 City, State, Zip Code: Houston, TX 77210-4648 Name of Employer (Required) Occupation (Required)	12/15/16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Sentinel Mailing Address: 5320 Legacy Drive City, State, Zip Code: Plano, TX 75024-3121 Name of Employer (Required) Occupation (Required)	12/15/16 / / / / / / Aggregate year-to-date	$ 500.00 $ $ $ $

Name of Candidate or Committee: JOSH HARKINS

Reporting period: JAN 1, 2016 through DEC. 31, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bankers Asso. PAC	12/20/16	$ 250
Mailing Address: PO Box 1091	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Miss. Life Under Political Action	12/27/16	$ 250
Mailing Address: 5475 Executive Place	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Acadia Healthcare Com. Inc. FEMPAC	12/27/16	$ 500
Mailing Address: 6100 Tower Cir., Ste. 1000	/ /	$
City, State, Zip Code: Franklin, TN 37067-1509	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE PAC	/ /	$
Mailing Address: PO Box 2663	/ /	$
City, State, Zip Code: Tuscaloosa, AL 35403	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Josh Harkins

Reporting period: Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)		
Full name: Baker Donaldson Bearman Caldwell & Berkowitz, PC, PAC	12/29/16	$ 500.00
Mailing Address: 4268 I-55 N		$
City, State, Zip Code: Jackson MS 39211		$
Name of Employer (Required)		$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment & Fair Taxation	12/29/16	$ 250.00
Mailing Address: 300 N State Street		$
City, State, Zip Code: Jackson MS 39216		$
Name of Employer (Required)		$
Occupation (Required)	Aggregate year-to-date	$
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Montgomery Enterprises, Inc	12/29/16	$ 250.00
Mailing Address: P O Box 37		$
City, State, Zip Code: Fulton, MS 38843		$
Name of Employer (Required)		$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 Friends of Josh Harkins

Reporting period January 1, 2016 **through** December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Rankin County News	**Date (Mo., Day, Year)** 1 / 5 / 16	**Amount of each disbursement this period** $ 231.50
Mailing Address		
City, State, Zip Code Brandon, MS	___ / ___ / ___	$
Purpose of Disbursement (Optional) Advertising	**Aggregate Year-to-date**	$
B. Full name AMEX	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	1 / 14 / 16	$ 805.00
City, State, Zip Code	___ / ___ / ___	$
Purpose of Disbursement (Optional) ALEC Convention (travel, hotel, food)	**Aggregate Year-to-date**	$
C. Full name AMEX	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	5 / 26 / 16	$ 946.46
City, State, Zip Code	___ / ___ / ___	$
Purpose of Disbursement (Optional) ALEC Convention (travel, hotel, food)	**Aggregate Year-to-date**	$
D. Full name Friends of Kenny Griffis	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 11 / 16	$ 500.00
City, State, Zip Code Madison , MS	___ / ___ / ___	$
Purpose of Disbursement (Optional) Doonation	**Aggregate Year-to-date**	$
E. Full name Friends of Delbert Hoseman	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 11 / 16	$ 250.00
City, State, Zip Code Jackson, MS	___ / ___ / ___	$
Purpose of Disbursement (Optional) Donation	**Aggregate Year-to-date**	$
F. Full name AMEX	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 28 / 16	$ 396.95
City, State, Zip Code	___ / ___ / ___	$
Purpose of Disbursement (Optional) Delta Airlines, travel to ALEC Convention	**Aggregate Year-to-date**	$

Name of Candidate or Committee FRIENDS OF JOSH HARKINS

Reporting period JANUARY 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name AMEX	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 28 / 16	$ 827.43
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Entergy Council Conference, New Orleans, LA (travel, hotel, food)	**Aggregate Year-to-date**	$
B. Full name Dallas Printing	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 315 Carrier Blvd	10 / 28 / 16	$ 637.88
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional) Printing, mailing invitations for fund raiser	**Aggregate Year-to-date**	$
C. Full name AMEX	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11 / 17 / 16	$ 400.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Registraton for ALEC Conventon	**Aggregate Year-to-date**	$
D. Full name AMEX	**Date** **(Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11 / 17 / 16	$ 1266.45
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Table 100 - Fund Raiser	**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**	$