

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Carlyn Crawford
 Address 23155 Steblewood Circle County Harrison
 Telephone (228) 452-5029 Fax _____
 Office Sought State Representative Email Address CCrawford121@gmail.com

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	\$ 800 ⁰⁰ +\$ 0 ⁰⁰	\$ 800 ⁰⁰	\$ 800 ⁰⁰
Total amount of disbursements	\$ 0 ⁰⁰ +\$ 2,576 ⁰⁰	\$ 2,576 ⁰⁰	\$ 2,576 ⁰⁰
Total amount of cash on hand	\$ 22,576.10		

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

Carlyn Crawford
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:

- 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.
- Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 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 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 Mississippi Power Co. State PAC	9/2/16	\$ 200 ⁰⁰
Mailing Address 2992 West Beach Blvd	/ /	\$
City, State, Zip Code Gulfport, MS 39502	/ /	\$
Name of Employer (Required) Billy Thornton	/ /	\$
Occupation (Required) Chairman	Aggregate year-to-date	\$
B. 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 AHT MISSISSIPPI PAC	10/5/16	\$ 200 ⁰⁰
Mailing Address 111 East Capitol St.	/ /	\$
City, State, Zip Code Jackson, MS 39201	/ /	\$
Name of Employer (Required) Randy Russell	/ /	\$
Occupation (Required) Government Relations	Aggregate year-to-date	\$
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 Garden Park Medical Center PAC	10/12/16	\$ 200 ⁰⁰
Mailing Address 401 E. Capitol	/ /	\$
City, State, Zip Code Jackson, MS 39201	/ /	\$
Name of Employer (Required) Charlie Ross	/ /	\$
Occupation (Required) Government Relations	Aggregate year-to-date	\$
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) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baker, Donelson Beaman Cabell & Berkowitz MS PAC	12/21/16	\$ 200 ⁰⁰
Mailing Address Post Box 141167	/ /	\$
City, State, Zip Code Jackson, MS 39236	/ /	\$
Name of Employer (Required) Brent Alexander	/ /	\$
Occupation (Required) Government Relations	Aggregate year-to-date	\$

Name of Candidate or Committee Carolyn Crawford
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>HRCC</u>	Date (Mo., Day, Year) <u>6/28/16</u>	Amount of each disbursement this period \$ <u>1000⁰⁰</u>
Mailing Address <u>P.O. Box 2008</u>		
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>MS Gulf Coast Buddy Sports</u>	Date (Mo., Day, Year) <u>5/6/16</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address <u>2639 Camille Dr.</u>		
City, State, Zip Code <u>Pass Christian, 39571</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Robert Huff Design</u>	Date (Mo., Day, Year) <u>9/26/16</u>	Amount of each disbursement this period \$ <u>215⁰⁰</u>
Mailing Address <u>1802 Hunters Hill Cv</u>		
City, State, Zip Code <u>Germantown, TN 38138</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$