2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 31 2017
Secretary of State
Capitol Office
DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
House of Representatives District 72
2016 Special Election

Name of Committee Committee to Elect Debra Gibbs

Address P.O. Box 16462 Jackson, 39232 County Hinds

Telephone 601-487-2621 Fax 601-366-4295

Treasurer Lurlene Irvin Email Address irvin1000@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

☐ **August 16, 2016 Pre-Election Report** (January 1, 2016, through August 13, 2016) ..... **Mandatory**

☐ **September 6, 2016 Pre-Runoff Report** (May 29, 2016, through September 3, 2016)..... **Runoff Candidates Only**

All Candidates and Political Committees in a Runoff Election

☒ **January 31, 2017 Annual Report** (January 1, 2016, through December 31, 2016)..... **Mandatory**

☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) **Pre-Election 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 this period.**

(2) **Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**

(3) **The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	$ 21,335	+ $ 3,765.00	$ 25,100.00	$ 65,050.00
Total amount of disbursements	$ 16,603.84	+ $ 0	$ 16,603.84	$ 56,553.81
Total amount of cash on hand			$ 8,496.19	

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

Lurlene Irvin — Signature of Director or Treasurer

Jan. 31, 2017 — Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 09-14

Name of Candidate or Committee

Reporting period Aug 09 2016 through 12/3/2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)		
Full name: Leyser Hayes	8 / 8 / 16	$ 50.00
Mailing Address: 133 Deer Queen Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39212	/ /	$
Name of Employer (Required): State of Miss.	/ /	$
Occupation (Required): Attorney	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: Lee Van Young Security	8 / 8 / 16	$ 100.00
Mailing Address: PO Box 24251	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Security Guard	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: Tom Scott, III	8 / 4 / 16	$ 250.00
Mailing Address: PO Box 2009	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Atty	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: Donna Sims	8 / 5 / 16	$ 100.00
Mailing Address: 103 North Lake Dr.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee

Reporting period 8/19/16 through 12/13/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: John Mabey Mailing Address: 608 So. 11th St City, State, Zip Code: Oxford, MS 38655 Name of Employer (Required): Self Occupation (Required): Atty	8/3/16	$ 100
	/ /	$
	/ /	$
	/ /	$
	Aggregate year–to-date	$
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Sharon Reed Mailing Address: 6136 Waverly Dr. City, State, Zip Code: Jackson MS 39206 Name of Employer (Required): Self Occupation (Required): Retired	8/9/16	$ 50
	/ /	$
	/ /	$
	/ /	$
	Aggregate year–to-date	$
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Carol Haralson Mailing Address: 4615 Norway Dr City, State, Zip Code: Jackson MS 39206 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16	$ 100.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year–to-date	$
D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Abraham Yates Mailing Address: 505 Winter Drive City, State, Zip Code: Belzoni MS 39038 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year–to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Tommie Broadwater Mailing Address: 15 River Run Dr. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): City - Self Occupation (Required): Attorney	8/8/16	$ 100.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Dan Gibson Mailing Address: 3088 Indian Mound Trail City, State, Zip Code: Brandon MS 39042 Name of Employer (Required): Atty Occupation (Required): Self	8/8/16	$ 100.00
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Mint Inc. Mailing Address: 5119 Waverly Dr. City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Self Occupation (Required): Realty	8/8/16	$ 200.00
D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Elmore Moody Mailing Address: 5453 Meadow Oaks Park Dr. City, State, Zip Code: Jackson MS 39211 Name of Employer (Required): Self Occupation (Required): Architect	8/8/16	$ 150

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Dellwyn Smith Mailing Address: 42 Park Crest Pl City, State, Zip Code: Jackson MS 39211 Name of Employer (Required): Self Occupation (Required): Student	8/8/16	$ 50.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Roslyn Griffin Mailing Address: 445 Fairfield Dr. City, State, Zip Code: Madison MS 39110 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: Robert Gibbs Mailing Address: PO Box 16462 City, State, Zip Code: Jackson MS 39232 Name of Employer (Required): Self Occupation (Required): Attorney	8/8/16	$ 18,500
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☐ 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 ☐

Reporting period ☐ through ☐

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐ Full name: Flynn Jackson Mailing Address: 22 Autumn Park City, State, Zip Code: Jackson 39206 Name of Employer (Required): Self Occupation (Required): Atty	5 / 8 / 16	$ 50.00
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐ Full name: Roslyn Griffin Mailing Address: 445 Fairfield Dr. City, State, Zip Code: Madison MS 39110 Name of Employer (Required): Self Occupation (Required): Retired	5 / 8 / 16	$ 50.00
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	Aggregate year-to-date	$ 250.00
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐ Full name: M.D. Barker Mailing Address: 5910 Paddock Pl. City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Bancorp South Occupation (Required): Banker	5 / 8 / 16	$ 100.00
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐ Full name: Albert Leason Mailing Address: 6456 Livingston Rd City, State, Zip Code: Jackson MS 39213 Name of Employer (Required): Self Occupation (Required): Contractor	5 / 8 / 16	$ 200.00
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	☐ / ☐ / ☐	$
	Aggregate year-to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Donnell Lewis Mailing Address: 209 Justin Rd City, State, Zip Code: Florence MS 39073 Name of Employer (Required): Self Occupation (Required): Accountant	8/8/16	$ 25.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Wesley Prater Mailing Address: PO Box 90 City, State, Zip Code: Canton, MS 39046 Name of Employer (Required): Self Occupation (Required): Physician	8/8/16	$ 250.00
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: William Bynam Mailing Address: 105 Adderly Blvd City, State, Zip Code: Madison MS 39110 Name of Employer (Required): Hyper Enterprise Occupation (Required): Chief Operating Officer	8/8/16	$ 250.00
D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Joni Cooley Mailing Address: 1067 Whitsett Walk City, State, Zip Code: Jackson MS 39206 Name of Employer (Required): Systems, Inc. Occupation (Required): CEO	8/8/16	$ 500.00
	Aggregate year-to-date	$

Name of Candidate or Committee ☐

Reporting period ☐ through ☐

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: D M Evans Mailing Address: 6679 Franklin Roosevelt Dr. City, State, Zip Code: Jackson MS 39213 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	$ 200.00 $ $ $ $
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jonathan Lee Mailing Address: 2278 East Manor Dr. City, State, Zip Code: Jackson MS 39211 Name of Employer (Required): Sys S. Products, Inc Occupation (Required): Commercial Representative	8/8/16 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	$ 200.00 $ $ $ $
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tony Gaylor Mailing Address: 129 Riviera Dr. City, State, Zip Code: Jackson 39211 Name of Employer (Required): Self Occupation (Required): Atty	8/8/16 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	$ 200.00 $ $ $ $
D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify) ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LeRoy Walker Mailing Address: 5456 Holbrook St. City, State, Zip Code: Jackson 39211 Name of Employer (Required): Pbc LTM, Inc. Occupation (Required): Rest. Owner	8/8/16 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	$ 500.00 $ $ $ $

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: William Cooley Mailing Address: 1067 Whitsett Walk City, State, Zip Code: Jackson 39206 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 1,500.00
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Bridges Real Estate Mailing Address: 1533 Fairwood City, State, Zip Code: Jackson 39213 Name of Employer (Required): Self Occupation (Required): Realtor	8/8/16	$ 200.00
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Leo Costas, Jr. Mailing Address: POB 1349 City, State, Zip Code: Jackson 39215 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16	$ 250.00
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Richard Schwartz Mailing Address: Po Box 3949 City, State, Zip Code: Jackson 39207 Name of Employer (Required): Self Occupation (Required): Atty	8/8/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Jasmine Chapman Mailing Address: 3648 Jones Loop. City, State, Zip Code: Jury MS 39170 Name of Employer (Required): Jackson Hinds Health Center Occupation (Required): CEO	8/8/16	$ 300.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Kenya Rachal Mailing Address: 103 Deer Circle City, State, Zip Code: Ridgeland 39157 Name of Employer (Required): Self Occupation (Required): Retired	8/8/16	$ 100.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) Full name: Whitwell & Assoc. Mailing Address: PO Box 2547 City, State, Zip Code: Oxford MS 38655 Name of Employer (Required): Self Occupation (Required): Atty	8/8/16	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Mailing Address: City, State, Zip Code: Name of Employer (Required): Occupation (Required):	/ /	$
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
House of Representatives District 72
2016 Special Election

Name of Candidate_____

Address _____ **County**_____

Telephone (Work)_____ **(Home)**_____ **(Fax)**_____

Contact Name_____ **Email Address**_____

Office Sought_____ **Political Party**_____

☐ **Check here if above is different from previous report**

TYPE OF REPORT

☐ **August 16, 2016 Pre-Election Report** (January 1, 2016, through August 13, 2016) .....**Mandatory**

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All Candidates and Political Committees in a Runoff Election

☐ **January 31, 2017 Annual Report** (January 1, 2016, through December 31, 2016).....**Mandatory**

☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions $		+ $		$	$
Total amount of disbursements $		+ $		$	$
Total amount of cash on hand				$	

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 **Date**

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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Name of Candidate or Committee: Committee to Elect Debra Gibbs

Reporting period: AUGUST 19, 2016 through Dec. 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Alpha MEDIA 731 S. PEAR ORCHARD RIDGELAND, MS 39157 RADIO COMMERCIAL	8/19/16 __/__/__ Aggregate Year-to-date	$ 1000.00 $ $ 1,529.00
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
RHO LAMBDA OMEGA - AKA P.O. BOX 68923 JACKSON, MS 39286 CHARITY TICKETS	8/9/16 __/__/__ Aggregate Year-to-date	$ 60.00 $ $ 60.00
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
JAMES WARREN P.O. BOX 16462 JACKSON, MS 39211 SNACKS, SUPPLIES	8/22/16 __/__/__ Aggregate Year-to-date	$ 202.03 $ 2,202.03 $
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
ALPHA MEDIA 731 PEAR ORCHARD RIDGELAND, MS 39157 RADIO COMMERCIAL	8/12/16 __/__/__ Aggregate Year-to-date	$ $ $ 2,629
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
ALPHA MEDIA 731 Pear Orchard Ridgeland, MS 39157 	8/22/16 __/__/__ Aggregate Year-to-date	$ $ $ 3,206
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
DYNASTICS 410 W. PASCAGOULA ST. JACKSON MS 39204 T-SHIRTS	8/22/16 __/__/__ Aggregate Year-to-date	$ 1797.18 $ $ 1797.18

Name of Candidate or Committee: Committee to Elect Debra Gibbs

Reporting period: Aug. 19, 2016 through

ITEMIZED DISBURSEMENTS

A. Full name VICTOR SIGNS Mailing Address 5000 WHITWORTH RD City, State, Zip Code MOBILE, AL 36619 Purpose of Disbursement (Optional) SIGNS	Date (Mo., Day, Year) 8/22/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 200.00 $ $ 200.00
B. Full name HONEY BAKED Mailing Address 930 E. County LINE RD City, State, Zip Code JACKSON, MS 39211 Purpose of Disbursement (Optional) LUNCH/CANVASSING	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 332.50 $ $ 670.00
C. Full name James Wallen Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) CANVASSING	Date (Mo., Day, Year) 8/22/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 8,025.00 $ $ 10,227.03
D. Full name A to Z Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) PRINTING	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 2,317.89 $ $
E. Full name EARL CL Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 8/31/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 400.00 $ $
F. Full name MORE VOTES Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) TELEPHONE CALLS	Date (Mo., Day, Year) 8/22/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1900.00 $ $

Name of Candidate or Committee Committee to Elect Debra Gibbs

Reporting period Aug 19, 2016 through _____

ITEMIZED DISBURSEMENTS

A. Full name VICTOR LYONS Mailing Address	Date (Mo., Day, Year) 8/25/16	Amount of each disbursement this period $ 400.00
City, State, Zip Code	___/___/___	$
Purpose of Disbursement (Optional) CANVASSING	Aggregate Year-to-date	$ 400.00
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 SAUNDRA LYONS Mailing Address	Date (Mo., Day, Year) 8/22/16	Amount of each disbursement this period $ 1,250.00
City, State, Zip Code	___/___/___	$
Purpose of Disbursement (Optional) CANVASSING	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	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Fondren Hills Apartments, LLC Mailing Address: PO Box 13925 City, State, Zip Code: Jackson, MS 39236 Name of Employer (Required) Occupation (Required)	5/25/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Vieux Carre Apartments, LLC Mailing Address: PO Box 13925 City, State, Zip Code: Jackson MS 39236 Name of Employer (Required) Occupation (Required)	5/25/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: State Street Group Mailing Address: PO Box 13925 City, State, Zip Code: Jackson, MS 39236 Name of Employer (Required) Occupation (Required)	5/25/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Stoney Creek Company Mailing Address: PO Box 13925 City, State, Zip Code: Jackson MS 39236 Name of Employer (Required) Occupation (Required)	5/25/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee Debra Gibbs

Reporting period January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: J Kane Ditto Jr Mailing Address: PO Box 13925 City, State, Zip Code: Jackson MS 39236 Name of Employer (Required): Occupation (Required):	Date (Mo., Day, Year) 5/24/16 / / / / / / Aggregate year-to-date	Amount of each receipt this period $ 200.00 $ $ $ $
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: M. Lewis Grubbs, DMD Mailing Address: 1711 Lelia Dr. City, State, Zip Code: Jackson, MS 39216 Name of Employer (Required): Occupation (Required):	Date (Mo., Day, Year) 7/12/16 / / / / / / Aggregate year-to-date	Amount of each receipt this period $ 250.00 $ $ $ $
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Robert L. Gibbs Mailing Address: 1223 Hallmark Dr. City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Gibbs Traris PLLC Occupation (Required):	Date (Mo., Day, Year) 7/18/16 / / / / / / Aggregate year-to-date	Amount of each receipt this period $ 1000.00 $ $ $ $
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Gibbs Traris PLLC Mailing Address: 1400 Meadowbrook Rd, Ste 100 City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	Date (Mo., Day, Year) 7/18/16 / / / / / / Aggregate year-to-date	Amount of each receipt this period $ 2,500.00 $ $ $ $

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Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. & Mrs. Alex A. Alston Jr.	6 / 17 / 16	$ 400.00
Mailing Address: 1304 Poplar Blvd	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
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: Howard Catchings	6 / 20 / 16	$ 100.00
Mailing Address	6 / 20 / 16	$ 100.00
City, State, Zip Code	/ /	$
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: Brad Pigott	6 / 3 / 16	$ 200.00
Mailing Address: 1217 Pinehurst Street	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
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: Godwin Dafe	6 / 16 / 16	$ 200.00
Mailing Address: P.O. Box 11855	/ /	$
City, State, Zip Code: Jackson MS 39283	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Portia B. Espy Mailing Address: 124 Cherry Laurel Circle City, State, Zip Code: Ridgeland, MS 39157 Name of Employer (Required): Occupation (Required):	16 / 21 / 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: Rica Lewis Payton Mailing Address: 118 Woodland Hills Blvd City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): Occupation (Required):	8 / 8 / 16	$ 100.00
	5 / 12 / 16	$ 100.00
	Aggregate year-to-date	$ 200.00
C. 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	$
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: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Anne Smith Thigpen	6/9/16	$ 200.00
Mailing Address: 1218 Hallmark Dr.	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
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: Waste Disposal Services LLC	5/20/16	$ 3,500.00
Mailing Address: 1400 Meadowbrook Road Ste 100	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
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: Omar Nelson	5/18/16	$ 350.00
Mailing Address: 100 Yronne Nelson St.	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
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: John C. Hall	5/11/16	$ 250.00
Mailing Address: 31 Kaintree Place	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Statewide General Insurance Mailing Address: 3073 J. R. Lynch Street City, State, Zip Code: Jackson, MS 39209 Name of Employer (Required): Occupation (Required):	5/27/16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	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: Wilton J. Johnson Mailing Address: 1620 Belmont Street City, State, Zip Code: Jackson, MS 39202 Name of Employer (Required): Occupation (Required):	7/26/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	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: Diane Pradat Pumphrey Mailing Address: 108 Lakeview Ct. City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): Occupation (Required):	7/27/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	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: Willie M. Bozeman Mailing Address: P.O. Box 1038 City, State, Zip Code: Jackson, MS 39215 Name of Employer (Required): Occupation (Required):	7/22/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) Full name: Robert L. Gibbs Mailing Address: 1223 Hallmark Dr. City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required) Occupation (Required)	7/27/16 Aggregate year-to-date	$ 5000.00 $
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) Full name: Duane A. O'Neill Mailing Address: 205 Winged Foot Cr. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required) Occupation (Required)	7/31/16 Aggregate year-to-date	$ 250.00 $
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Jasmin R. Chapman Mailing Address: 3648 Jones Loop City, State, Zip Code: Terry, MS 39170 Name of Employer (Required) Occupation (Required)	8/8/16 Aggregate year-to-date	$ 300.00 $
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Whitwell & Associates PLLC Mailing Address: P.O. Box 2547 City, State, Zip Code: Oxford, MS 38655 Name of Employer (Required) Occupation (Required)	8/7/16 Aggregate year-to-date	$ 250.00 $

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Tom B. Scott III Mailing Address: P. O. Box 2009 City, State, Zip Code: Jackson, MS 39215 Name of Employer (Required): Occupation (Required):	8/14/16	$ 250.00
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Abraham Gates Mailing Address: 505 Wister Drive City, State, Zip Code: Belzoni, MS 39038 Name of Employer (Required): Occupation (Required):	8/18/16	$ 200.00
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Mint, Inc. Mailing Address: 6119 Waverly Drive City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Occupation (Required):	8/18/16	$ 200.00
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Roslyn N. Griffin Mailing Address: 445 Fairfield DR. City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): Occupation (Required):	8/18/16	$ 200.00
	Aggregate year-to-date	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Albert D. Leason	8/18/16	$ 200.00
Mailing Address: 6456 Livingston Rd.	/ /	$
City, State, Zip Code: Jackson, MS 39213	/ /	$
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: Wesley Prater, MD	8/18/16	$ 250.00
Mailing Address: P.O. Box 90	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
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: William Bynum	8/19/16	$ 250.00
Mailing Address: 105 Adderley Blvd	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
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: Willian M. Cooley	8/18/16	$ 500.00
Mailing Address: 1067 Whitsett Walk	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Debra Gibbs

Reporting period January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: D. M. Evans Mailing Address: 6679 Franklin D. Roosevelt DR. City, State, Zip Code: Jackson, MS 39213 Name of Employer (Required): Occupation (Required):	8/8/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	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: Jonathan Lee Mailing Address: 2278 E. Manor Dr. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	6/7/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	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: Tony R. Gaylor Mailing Address: 129 Riviera DR. City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	8/8/16	$ 200.00
	/ /	$
	/ /	$
	/ /	$
	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: LeRoy G. Walker Mailing Address: 5956 Holbrook Dr. City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Occupation (Required):	8/1/16	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: January 1, 2016 through August 13, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Cooley Mailing Address: 1067 Whitsett Walk City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Occupation (Required):	8/8/16	$ 500.00
	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: Bridges E State Realty LLC Mailing Address: 1533 Fairwood DR. City, State, Zip Code: Jackson, MS 39213 Name of Employer (Required): Occupation (Required):	8/8/16	$ 200.00
	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: Theo P. Costas, Jr. Mailing Address: P.O. Box 1349 City, State, Zip Code: Jackson, MS 39215 Name of Employer (Required): Occupation (Required):	8/9/16	$ 250.00
	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: Richard Schwartz Mailing Address: P.O. Box 3949 City, State, Zip Code: Jackson, MS 39207 Name of Employer (Required): Occupation (Required):	8/8/16	$ 500.00
	Aggregate year-to-date	$

Name of Candidate or Committee: Debra Gibbs

Reporting period: August 14, 2016 through Sept. 3, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jimmy Buchanan Mailing Address: P.O Box 798 City, State, Zip Code: Crystal Springs, MS 39059 Name of Employer (Required): Copiah County Schools Occupation (Required):	8/17/16	$ 200.00
	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: Maudine Eckford Mailing Address: 401 Jackson Road City, State, Zip Code: Clinton, MS 39056 Name of Employer (Required): Occupation (Required):	8/19/16	$ 250.00
	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: Ralph Washington Mailing Address: 1009 Woodlea Road City, State, Zip Code: Jackson, MS 39206 Name of Employer (Required): Occupation (Required):	8/17/16	$ 200.00
	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: Betty Marlett Mailing Address: P.O Box 3422 City, State, Zip Code: Jackson, MS 39207 Name of Employer (Required): Occupation (Required):	8/14/16	$ 200.00
	Aggregate year-to-date	$

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Name of Candidate or Committee: Debra Gibbs

Reporting period: August 14, 2016 through Sept. 6, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gloria Johnson Mailing Address: 301 Cox Xing City, State, Zip Code: Madison, MS 39110 Name of Employer (Required): Occupation (Required):	8/19/16 Aggregate year-to-date	$ 250.00 $
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Total Transportation Mailing Address: P O Box 20660 City, State, Zip Code: Jackson, MS 39225 Name of Employer (Required): Occupation (Required):	8/22/16 Aggregate year-to-date	$ 1,000.00 $
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Stephen C. Edds Mailing Address: 120 Heron's Landing City, State, Zip Code: Ridgeland, MS 39157 Name of Employer (Required): Occupation (Required):	8/28/16 Aggregate year-to-date	$ 200.00 $
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Joanne Nelson Mailing Address: 1425 Amherst Street City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	8/22/16 Aggregate year-to-date	$ 200.00 $

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Name of Candidate or Committee Debra Gibbs
Reporting period August 14, 2016 through September 3, 2016

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
A2Z Printing	8.19.16	$ 1,778.35
	__/__/__	$
	Aggregate Year-to-date	$
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
A2Z Printing	8.19.16	$ 113.94
	__/__/__	$
	Aggregate Year-to-date	$
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
A2Z Printing	8.19.16	$ 324.00
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
A2Z Printing	8.19.16	$1,101.60
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
The Home Depot	8.20.16	$ 57.53
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Honey Baked	8.22.16	$ 337.50
	__/__/__	$
	Aggregate Year-to-date	$

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Name of Candidate or Committee Debra Gibbs
Reporting period August 14, 2016 through September 3, 2016

ITEMIZED DISBURSEMENTS

A. Full name Mc Donalds Mailing Address	Date (Mo., Day, Year) 8/22/16	Amount of each disbursement this period $ 54.50
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Sam's Club Mailing Address	**Date (Mo., Day, Year)** 8/22/16	**Amount of each disbursement this period** $ 110.17
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	$