2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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DATE STAMP

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2016 Annual Report

Name of Candidate DEAN KIRBY CAMPAIGN

Address PO Box 54099, Pearl, MS. 39288 County RANKIN

Telephone 601-932-1966 Fax 601-939-0194

Office Sought STATE SENATE, DIST. 30 Email Address dkirby1a@bellsouth.net

☐ **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	$ 53,000	+$ 1200.	$ 54,200.	$ 54,200.
Total amount of disbursements	$ 32,570.73	+$ 1474.45	$ 34,045.18	$ 34,045.18
Total amount of cash on hand			$ 380,133.04	

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

Dean Kirby
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: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: CHRISTOPHER MCLAURIN PAC Mailing Address: 601 PROSPERITY PL. City, State, Zip Code: BRANDON, MS. 39042 Name of Employer (Required): PHARMACY COMPANY RX Occupation (Required): SALES	1/4/16	$ 500
		$
		$
		$
	Aggregate year-to-date	$ 500.
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify): Full name: RYAN HARPER Mailing Address: PO BOX 532 City, State, Zip Code: PELAHATCHIE, MS. 39145 Name of Employer (Required): BRANDON DISCOUNT DRUGS Occupation (Required): PHARMACY	1/15/16	$ 2,000
		$
		$
		$
	Aggregate year-to-date	$ 2,000.
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: COMPREHENSIVE HEALTH MGMT., INC. Mailing Address: PO BOX 31390 City, State, Zip Code: TAMPA, FL. 33631-1390 Name of Employer (Required): AS ABOVE Occupation (Required): HEALTH CARE	6/8/16	$ 1,000.
		$
		$
		$
	Aggregate year-to-date	$ 1,000.
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: MS. BEHAVIORAL HEALTH SERVICES Mailing Address: 816 BENTON RD. City, State, Zip Code: BOSSIER CITY, LA. 71111 Name of Employer (Required): AS ABOVE Occupation (Required): HEALTH CARE	6/17/16	$ 1,000
		$
		$
		$
	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: REBAB SERVICES of ACADIANA, LLC. Mailing Address: 815 BENTON Rd. City, State, Zip Code: BOSSIER CITY, LA. 71111 Name of Employer (Required): AS ABOVE Occupation (Required): HEALTH CARE	/ /	$ 1,000.
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 1,000
B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: ELI LILLY AND CO., PAC Mailing Address: City, State, Zip Code: INDIANAPOLIS, IN. 46285 Name of Employer (Required): AS ABOVE Occupation (Required): PHARMACY	9/6/16	$ 500.
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 500.
C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: MS. CHIROPRACTOR ASSOCIATION, PAC Mailing Address: 4294 LAKELAND DR. City, State, Zip Code: FLOWOOD, MS. 39232 Name of Employer (Required): AS ABOVE Occupation (Required): HEALTH CARE	9/16/16	$ 2,000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 2,000
D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: FCCJ SERVICES, INC. Mailing Address: 6300 UNIVERSITY PKWY. City, State, Zip Code: SARASOTA, FL. 34240 Name of Employer (Required): AS ABOVE Occupation (Required): INSURANCE	10/31/16	$ 1,000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: FCCI INSURANCE GROUP Mailing Address: 6300 UNIVERSITY PKWY. City, State, Zip Code: SARASOTA, FL. 34240 Name of Employer (Required): AS ABOVE Occupation (Required): INSURANCE	10/3/16	$ 1,000.
		$
		$
		$
	Aggregate year-to-date	$ 1,000
B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: ASTRA ZENECA Mailing Address: 1800 CONCORD PIKE City, State, Zip Code: WILMINGTON, DE. 19850-5437 Name of Employer (Required): AS ABOVE Occupation (Required): HEALTH CARE/ PHARMACY	10/3/16	$ 1,000
		$
		$
		$
	Aggregate year-to-date	$ 1,000.
C. Source [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify) Full name: WAYMON TIGRETT Mailing Address: PO BOX 395 City, State, Zip Code: BRANDON, MS. 39043 Name of Employer (Required): RETIRED Occupation (Required): RETIRED	10/13/16	$ 3,000
		$
		$
		$
	Aggregate year-to-date	$ 3,000
D. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify) Full name: JASON VOYLES Mailing Address: 177 ST. ANDREWS DR. City, State, Zip Code: JACKSON, MS. 39211 Name of Employer (Required): YATES CONSTRUCTION Occupation (Required): PROPERTY MANAGEMENT		$ 4,000.
		$
		$
		$
	Aggregate year-to-date	$ 4,000.

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12-31-16

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): As Above Occupation (Required): HEALTH CARE - HOSPITAL	10/26/16 Aggregate year-to-date	$ 3,000. $ 3,000
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: TRAVELERS INDEMNITY CO. Mailing Address: ONE TOWER SQUARE City, State, Zip Code: HARTFORD, CT. 06183 Name of Employer (Required): As Above Occupation (Required): INSURANCE	10/26/16 Aggregate year-to-date	$ 1,000. $ 1,000.
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MS. MEDICAL PAC Mailing Address: PO Box 2548 City, State, Zip Code: RIDGELAND, MS. 39158 Name of Employer (Required): As Above Occupation (Required): HEALTH CARE	10/26/16 Aggregate year-to-date	$ 3,000. $ 3,000
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MS. HEALTH CARE ASSOCIATION, PAC Mailing Address: 1076 HIGHLAND COLONY PKWY, STE. 125 City, State, Zip Code: RIDGELAND, MS. 39157 Name of Employer (Required): As Above Occupation (Required): HEALTH CARE	10/31/16 Aggregate year-to-date	$ 2,000 $ 2,000.

Name of Candidate or Committee: Dean Kirby Campaign

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Regional Care, LLC. Mailing Address: 763 Avery Blvd. N. City, State, Zip Code: Ridgeland, Ms. 39157 Name of Employer (Required): As Above Occupation (Required): Health Care	12/31/16	$ 500.
	Aggregate year-to-date	$ 500.
B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Garden Park Medical Center, PAC Mailing Address: 15200 Community Rd. City, State, Zip Code: Gulfport, Ms. 39503 Name of Employer (Required): As Above Occupation (Required): Health Care	10/31/16	$ 1,000.
	Aggregate year-to-date	$ 1,000.
C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Anheuser-Busch Mailing Address: City, State, Zip Code: St. Louis, Mo. Name of Employer (Required): As Above Occupation (Required): Beverage	11/1/16	$ 500.
	Aggregate year-to-date	$ 500.
D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Denmiss Mailing Address: PO Box 320579 City, State, Zip Code: Flowood, Ms. 39232 Name of Employer (Required): As Above Occupation (Required): Pipeline / Oil / Gas	11/1/16	$ 1,000
	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12.31.16

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.	11/1/16	$ 500.
Mailing Address: 6730 LENOX CENTER CT.	/ /	$
City, State, Zip Code: Memphis, TN. 38115	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Swisher INTERNATIONAL	11/1/16	$ 500.
Mailing Address: PO Box 2230	/ /	$
City, State, Zip Code: Jacksonville, FL. 32203	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Tobacco	Aggregate year-to-date	$ 500.

C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UNITEDHEALTH GROUP	11/1/16	$ 500
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN. 55440	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 500.

D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TOWER	11/14/16	$ 4,000.
Mailing Address: P.O. Box 32001	/ /	$
City, State, Zip Code: Flowood, MS. 39232	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): FINANCE/LOAN/INSURANCE	Aggregate year-to-date	$ 4,000.

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: JONES WALKER	11/17/16	$ 2,000
Mailing Address: 190 E. CAPITOL ST.	/ /	$
City, State, Zip Code: JACKSON, MS. 39201	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 2,000.
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EXPRESS SCRIPTS, INC.	11/17/16	$ 1,000.
Mailing Address: ONE EXPRESS WAY	/ /	$
City, State, Zip Code: ST. LOUIS, MO. 63121	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): HEALTH CARE	Aggregate year-to-date	$ 1,000.
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ADVANCE AMERICA	12/5/16	$ 500.
Mailing Address: 135 N. CHURCH ST.	/ /	$
City, State, Zip Code: SPARTANBURG, SC. 29306	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): FINANCE	Aggregate year-to-date	$ 500.
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CERNER CORP.	12/5/16	$ 1,000.
Mailing Address: 2800 ROCKCREEK PKWY.	/ /	$
City, State, Zip Code: KANSAS CITY, MO. 64117	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): HEALTH CARE	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee: Dean Kirby Campaign

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): Full name: PHRMA Mailing Address: 950 F. St., NW, Ste. 300 City, State, Zip Code: Washington, DC. 20004 Name of Employer (Required): As Above Occupation (Required): Pharmacy	12/6/16	$ 500.
		$
		$
		$
	Aggregate year-to-date	$ 500.
B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): Full name: TAKEDA Mailing Address: ONE TAKEDA PKWY. City, State, Zip Code: Deerfield, IL. 60015 Name of Employer (Required): As Above Occupation (Required): Pharmacy	12/6/16	$ 500
		$
		$
		$
	Aggregate year-to-date	$ 500.
C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): Full name: Bristol-Myers Squibb Co. Mailing Address: PO Box 25277 City, State, Zip Code: Tampa, FL. 33622 Name of Employer (Required): As Above Occupation (Required): Pharmacy	12/6/16	$ 500.
		$
		$
		$
	Aggregate year-to-date	$ 500.
D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify): Full name: MS. Association for Home Care, PAC Mailing Address: 134 Fairmont St., Ste. B City, State, Zip Code: Clinton, MS. 39056 Name of Employer (Required): As Above Occupation (Required): Health Care	12/9/16	$ 500.
		$
		$
		$
	Aggregate year-to-date	$ 500.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WAL-MART STORES, INC.	12/9/16	$ 500.
Mailing Address: 702 SW 8TH ST.	/ /	$
City, State, Zip Code: BENTONVILLE, AR. 72716	/ /	$
Name of Employer (Required): AS ABOVE	/ /	$
Occupation (Required): RETAIL SALES	Aggregate year-to-date	$ 500.

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AMERIGROUP	12/27/16	$ 1,000
Mailing Address: PO BOX 68086	/ /	$
City, State, Zip Code: CINCINNATI, OH. 45206	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ACADIA HEALTHCARE CO.	12/27/16	$ 1,000.
Mailing Address: 6100 TOWER CIRCLE, STE. 1000	/ /	$
City, State, Zip Code: FRANKLIN, TN. 37067	/ /	$
Name of Employer (Required): AS ABOVE	/ /	$
Occupation (Required): HEALTH CARE	Aggregate year-to-date	$ 1,000.

D. 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	12/27/16	$ 3,000
Mailing Address: ~~4299 LAKELAND DR.~~ 439 KATHERINE DR.	/ /	$
City, State, Zip Code: FLOWOOD, MS. 39232	/ /	$
Name of Employer (Required): AS ABOVE	/ /	$
Occupation (Required): PHARMACY	Aggregate year-to-date	$ 3,000

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS. DENTAL PAC Mailing Address: 439 KATHERINE DR. City, State, Zip Code: FLOWOOD, MS. 39232 Name of Employer (Required): AS ABOVE Occupation (Required): HEALTH CARE	12/28/16	$ 2,000.
	Aggregate year-to-date	$ 2,000
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: BAKER DONELSON Mailing Address: 4266 I-55 N. City, State, Zip Code: JACKSON, MS. 39211 Name of Employer (Required): AS ABOVE Occupation (Required): ATTORNEY	12/28/16	$ 500.
	Aggregate year-to-date	$ 500.
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: CAREMARK Rx, INC. Mailing Address: P.O. BOX 287 City, State, Zip Code: LINCOLN, RI. 02895 Name of Employer (Required): AS ABOVE Occupation (Required): PHARMACY	12/28/16	$ 500.
	Aggregate year-to-date	$ 500.
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: 814 N. PRESIDENT ST. City, State, Zip Code: JACKSON, MS. 39201 Name of Employer (Required): AS ABOVE Occupation (Required): INSURANCE	12/28/16	$ 2,000
	Aggregate year-to-date	$ 2,000

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS. LIFE UNDER PAC.	12/08/16	$ 500.
Mailing Address: 5475 EXECUTIVE PLACE	/ /	$
City, State, Zip Code: JACKSON, MS. 39206	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 500.
B. 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	$
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 DEAN KIRBY CAMPAIGN

Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name RANKIN COUNTY NEWS Mailing Address 207 GOVERNMENT ST. City, State, Zip Code BRANDON, MS. 39042 Purpose of Disbursement (Optional) ADVERTISING	Date (Mo., Day, Year) 1/4/16 1-4-16 2/8/16 Aggregate Year-to-date	Amount of each disbursement this period $ 31.50 200.00 $ 20.00 $ 251.50
B. Full name SHELL Mailing Address PO BOX 78012 City, State, Zip Code PHOENIX, AZ. 85062 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 1/8/16 2/15/16 Aggregate Year-to-date	Amount of each disbursement this period $ 182.60 $ 170.65 $ 353.25
C. Full name Shell Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/18/16 4/6/16 Aggregate Year-to-date	Amount of each disbursement this period $ 168.10 $ 143.95 $ 312.09
D. Full name Shell Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 5/6/16 6/6/16 Aggregate Year-to-date	Amount of each disbursement this period $ 104.50 $ 266.20 $ 370.70
E. Full name Shell Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 7/12/16 8/9/16 Aggregate Year-to-date	Amount of each disbursement this period $ 236.80 $ 208.95 $ 445.75
F. Full name Shell Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 9/13/16 10/14/16 Aggregate Year-to-date	Amount of each disbursement this period $ 137.85 $ 313.55 $ 451.40

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Shell Mailing Address	11/14/16	$ 166.08
City, State, Zip Code	12/6/16	$ 168.62
Purpose of Disbursement (Optional): TOTAL: $2267.89	Aggregate Year-to-date	$ 334.70
B. Full name: CAPITAL CLUB Mailing Address: 125 S. CONGRESS ST. 39215	1/8/16	$ 150.00
City, State, Zip Code: JACKSON, MS.	3/7/16	$ 122.77
Purpose of Disbursement (Optional): LUNCH FOR PAGES & STAFF	Aggregate Year-to-date	$ 272.77
C. Full name: AT&T Mailing Address: P.O. BOX 536216	1/15/16	$ 161.76
City, State, Zip Code: ATLANTA, GA.	2/15/16	$ 161.76
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 323.52
D. Full name: AT&T Mailing Address	3/18/16	$ 163.76
City, State, Zip Code	4/25/16	$ 161.72
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name: AT+T Mailing Address	5/23/16	$ 163.72
City, State, Zip Code.	6/17/16	$ 163.82
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name: AT+T Mailing Address	7/21/16	$ 163.86
City, State, Zip Code	8/19/16	$ 163.86
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name AT+T Mailing Address P.O. Box 536216 City, State, Zip Code ATLANTA, GA. Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 9/16/16 10/17/16 Aggregate Year-to-date	Amount of each disbursement this period $ 163.86 $ 163.78 $
B. Full name AT&T Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 11/14/16 12/23/16 Aggregate Year-to-date	Amount of each disbursement this period $ 165.57 $ 163.78 $ 1,637.73
C. Full name PEARL CHAMBER of COMMERCE Mailing Address 110 GEORGE WALLACE DR. City, State, Zip Code PEARL, MS. 39208 Purpose of Disbursement (Optional) BANQUETS	Date (Mo., Day, Year) 2/5/16 2/8/16 9-7-16 Aggregate Year-to-date	Amount of each disbursement this period $ 100.00 $ 30.00 100.00 $ 230.00
D. Full name AMERICAN EXPRESS Mailing Address P.O. BOX 650448 City, State, Zip Code DALLAS, TX. 25265 Purpose of Disbursement (Optional) FUND RAISER, ADVERTISING, FIRST BAPT. JACKSON FBAPTIST CHURCH PEARL	Date (Mo., Day, Year) 3/18/16 12/23/16 Aggregate Year-to-date	Amount of each disbursement this period $ 880.00 $ 435.75 $ 1315.75
E. Full name The CLARION LEDGER Mailing Address PO BOX 40 City, State, Zip Code JACKSON, MS. 39205-0040 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/18/16 9/13/16 Aggregate Year-to-date	Amount of each disbursement this period $ 192.64 $ 419.65 $ 612.29
F. Full name BASS PRO SHOPS Mailing Address 100 BASS PRO DR. City, State, Zip Code PEARL, MS. 39208 Purpose of Disbursement (Optional) Pearl High School Gift Cards, LONGLEAF. FUND RAISER	Date (Mo., Day, Year) 6/2/16 11/23/16 Aggregate Year-to-date	Amount of each disbursement this period $ 50.00 $ 894.14 $ 944.14

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name LONGLEAF PLANTATION Mailing Address P.O. DRAWER 511 City, State, Zip Code LUMBERTON, MS. 39455 Purpose of Disbursement (Optional) FUND RAISER	Date (Mo., Day, Year) 9/19/16 12/23/16 Aggregate Year-to-date	Amount of each disbursement this period $ 6,500.00 $ 16,181.39 $ 22,681.39
B. Full name INDIANOLA PECAN Mailing Address MARKET ST. (DOGWOOD) City, State, Zip Code FLOWOOD, MS. 39232 Purpose of Disbursement (Optional) FUND RAISER - LONGLEAF - GIFTS	Date (Mo., Day, Year) 11/28/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 246.74 $ $ 246.74
C. Full name FIRST BAPTIST CHURCH Mailing Address 431 N. STATE ST City, State, Zip Code JACKSON, MS. 39201 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 12/8/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 500.00 $ $ 500.00
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $