

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Committee Friends for Dana Criswell  
 Address PO Box 1321 Olive Branch ms 38654 County Desoto  
 Telephone 901 275 4191 Fax \_\_\_\_\_  
 Treasurer Hal Forgie Email Address hal@danacriswell.net

Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory  
 All Political Committees, excluding those which supported or opposed a judicial candidate on the November 2016 General Election ballot.

\_\_\_\_\_ **Termination Report** (Committee will no longer accept contributions or 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 during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.
- (2) Until a political committee 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 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 legal 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. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1250.00+\$ 0	\$ 1250.00	\$ 1250.00
Total amount of disbursements	\$ 950.00+\$ 1,863.43	\$ 2813.43	\$ 2813.43
Total amount of cash on hand		\$ 682.59	

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

Harold T. Forgie  
Signature of Director or Treasurer

21 JAN 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 statute(s) 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:**

Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.  
 Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.  
 Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

**INSTRUCTIONS ON USING THIS SPREADSHEET**

All fields MUST be completed. Enter dates in the format MM/DD/YYYY. You do NOT need a \$ in the Amount column. Enter State as the two letter Postal Abbreviation (i.e. MS). All contributions received from an individual require an Occupation or Employer. If you received a contribution from any other source, enter "N/A".

**ITEMIZED RECEIPTS**

Source	Full Name	Mailing Address	City	State	Zip	Occupation or Employer	Date of Contribution	Amount
Political Committee	( AT&T Mississippi PAC	111 E. Capitol St STE 6030	Jackson	MS	39201	NA	10/2/2016	200
Political Committee	( AT&T Mississippi PAC	111 E. Capitol St STE 6030	Jackson	MS	39201	NA	10/5/2016	400
Political Committee	( Mississippi PAC	4268 I55 north Meadowbrook Office Park	Jackson	MS	39211	NA	12/21/2016	200
Individual	Al Williams Bail Bonds	3402 Industrial Dr. West	Hernand	MS	38632	Self employed Bail Bonds	12/28/2016	200
Political Committee	( Committee for Clean Envir	3000 N. State Street	Jackson	MS	39216	NA	12/23/2016	250

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All fields except Purpose must be completed. Enter dates in the format MM/DD/YYYY. You do NOT need a \$ in the Amount column. Enter State as the two letter Postal Abbreviation (i.e. MS).

**ITEMIZED DISBURSEMENTS**

Full Name	Mailing Address	City	State	Zip	Purpose of Disbur	Date of Disbursement	Amount
Mississippi Fair Commissic	121 N. Jefferson St.	Jackson	MS	39201		1/7/2016	700
Desoto County Economic I	316 W. Commerce	Hernando	MS	38632		2/29/2016	250