

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Vict Carmichael
 Address 5396 Springhill Loop County Lauderdale
 Telephone 601-693-2950 Fax Same
 Office Sought Senate #33 Email Address Carmichael@Senate.MS.Gov

☐ 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	\$ <u>9,550.00</u>	\$ <u>9,550.00</u>	\$ <u>9,550.00</u>
Total amount of disbursements	\$ <u>4,797.25</u> <u>825.25</u>	\$ <u>5,622.64</u>	\$ <u>5,622.64</u>
Total amount of cash on hand		\$ <u>135,498.49</u>	

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

Vict Carmichael
Signature of Candidate

1/30/17
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 Vicki CornichealReporting period 1/1/16 through 1/31/16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>L K Q</u>	<u>7/4/16</u>	\$ <u>500</u>
Mailing Address <u>500 West Madison Street</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Chicago IL 60661</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Comprehensive Health Management Inc</u>	<u>7/12/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 31390</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Tampa, FL 33631-3390</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>WeillCare</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Health Care</u>	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Norfolk Southern Corporation</u>	<u>8/30/16</u>	\$ <u>250</u>
Mailing Address <u>Three Commercial Place</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Norfolk, VA 23510</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>AT&T Mississippi</u>	<u>10/15/16</u>	\$ <u>350</u>
Mailing Address <u>111 E. Capitol St</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>350</u>

Name of Candidate or Committee Vicki CarrikerReporting period 1/1/16 through 1/31/16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church ST</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Spartanburg SC 29306</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ELI Lilly & Company</u>		<u>10/15/16</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>INDIANAPOLIS, IN 46285</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Co.</u>		<u>10/15/16</u>	\$ <u>350.00</u>
Mailing Address <u>P.O. Box 4079</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>350.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UnitedHealth Group Inc.</u>		<u>10/15/16</u>	\$ <u>580.00</u>
Mailing Address <u>P.O. Box 1459</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Minneapolis, MN 55440</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Vidal Committee
 Reporting period 1/1/16 through 1/31/16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>TYSON</u>		<u>12/12/16</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 2020</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Springdale, AR 72765</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MONSANTO Company</u>		<u>12/12/16</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>800 North Lindbergh</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Saint Louis, MO 63167</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>CAREMARK RX INC</u>		<u>12/12/16</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 287</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Lincoln, RI 02895</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Mississippi Dental PAC</u>		<u>12/28/16</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>439 B Katherine Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000⁰⁰</u>

Name of Candidate or Committee Vicki Parham
 Reporting period 1/1/16 through 1/31/16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>LEN PAC MISSISSIPPI</u>	<u>12/28/16</u>	\$ <u>350.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>350.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Electric Power Assn of Mississippi</u>	<u>12/28/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland MS 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MAE - PAC</u>	<u>12/29/16</u>	\$ <u>2,000.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Baker Donelson</u>	<u>12/29/16</u>	\$ <u>500.00</u>
Mailing Address <u>4268 I-55 North</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Vicki Carmichael

Reporting period

1/1/16

through

1/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Harry Meyer, Inc</u>	<u>1/2/16</u>	\$ <u>698.71</u>
Mailing Address		
<u>3129 Hwy 39N</u>		
City, State, Zip Code		
<u>Meridian MS 39301</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>698.71</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Lauderdale Co. Livestock Show</u>	<u>3/17/16</u>	\$ <u>250.00</u>
Mailing Address		
<u>Count House Annex</u>		
City, State, Zip Code		
<u>Meridian MS 39301</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
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
<u>Suits Boots & Bluegrass</u>	<u>7/14/16</u>	\$ <u>2,500.00</u>
Mailing Address		
<u>8755 Barnhag Castle Rd</u>		
City, State, Zip Code		
<u>Tomsville MS 39364</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,500.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>C S Ake</u>	<u>YTD</u>	\$ <u>1,348.68</u>
Mailing Address		
<u>555-D Bonita Lake Drive</u>		
City, State, Zip Code		
<u>Meridian MS 39301</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,348.68</u>
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	\$