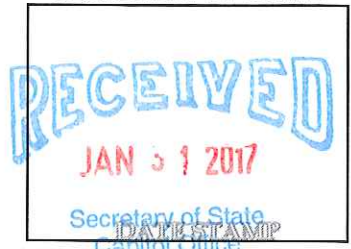


Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate William Tracy Arnold  
 Address 301 Wynning Rd County Prentiss  
 Telephone 662-928-9451 Fax \_\_\_\_\_  
 Office Sought District 3 State Rep. Email Address warnold@house.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	\$ 500.00 + \$ 200.00 =	\$ 7.00	\$ 64,750.00
Total amount of disbursements	\$ — + \$ 5,845.71	\$ 64,275.15	\$ 78,372.65
Total amount of cash on hand		\$ 468.22	

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

William Tracy Arnold  
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

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 Advance America	9/17/16	\$ 250
Mailing Address 135 N Church St.	/ /	\$ 0
City, State, Zip Code Spartanburg SC 29306	/ /	\$ 0
Name of Employer (Required)	/ /	\$ 0
Occupation (Required)	Aggregate year-to-date	\$ 250
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 AT&T	12/01/16	\$ 250
Mailing Address 111 E Capital St STE 6030	/ /	\$ 0
City, State, Zip Code Jackson MS - 39201	/ /	\$ 0
Name of Employer (Required)	/ /	\$ 0
Occupation (Required)	Aggregate year-to-date	\$ 250
C. Source <input type="checkbox"/> Corporation <input 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	/ /	\$ 0
Mailing Address	/ /	\$ 0
City, State, Zip Code	/ /	\$ 0
Name of Employer (Required)	/ /	\$ 0
Occupation (Required)	Aggregate year-to-date	\$ 0
D. Source: <input type="checkbox"/> Corporation <input 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	/ /	\$ 0
Mailing Address	/ /	\$ 0
City, State, Zip Code	/ /	\$ 0
Name of Employer (Required)	/ /	\$ 0
Occupation (Required)	Aggregate year-to-date	\$ 0