

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report



Name of Candidate Douglas D. McLeod  
 Address 1211 Bextley Church Rd Woodale, MS County George  
 Telephone 601-508-0299 Fax \_\_\_\_\_  
 Office Sought House of Rep 107 Email Address dmcleod@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	\$ <u>6800<sup>00</sup></u> +\$ _____	\$ <u>0</u>	\$ <u>6800<sup>00</sup></u>
Total amount of disbursements	\$ _____ +\$ _____	\$ _____	\$ _____
Total amount of cash on hand		\$ <u>6800<sup>00</sup></u>	

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

*[Signature]*  
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 Douglas D. McLeod  
 Reporting period 1/1/2016 through 12/31/2016

# 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>MS Realtors, PAC</u>	<u>01/1/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321000</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>Flowood, MS. 39232</u>	[ ] [ ] [ ]	\$ [ ]
Name of Employer (Required)	[ ] [ ] [ ]	\$ [ ]
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MANA, PAC</u>	<u>07/22/16</u>	\$ <u>750.00</u>
Mailing Address <u>1022 Highland Colony Parkway</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>Ridgeland, MS. 39157</u>	[ ] [ ] [ ]	\$ [ ]
Name of Employer (Required)	[ ] [ ] [ ]	\$ [ ]
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</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>Adams and Reese, LLP</u>	<u>08/14/16</u>	\$ <u>250.00</u>
Mailing Address <u>1018 Highland Parkway, Suite 800</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>Ridgeland, MS. 39157</u>	[ ] [ ] [ ]	\$ [ ]
Name of Employer (Required)	[ ] [ ] [ ]	\$ [ ]
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>TRUCK PAC</u>	<u>08/14/16</u>	\$ <u>250.00</u>
Mailing Address <u>825 North President St.</u>	[ ] [ ] [ ]	\$ [ ]
City, State, Zip Code <u>Jackson, MS. 39202</u>	[ ] [ ] [ ]	\$ [ ]
Name of Employer (Required)	[ ] [ ] [ ]	\$ [ ]
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Doan McLead  
 Reporting period 1/1/16 through 12/31/16

# 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>Tower Loan, of MS, LLC</u>	<u>12/10/16</u>	\$ <u>500.<sup>00</sup></u>
Mailing Address	<u>P.O. Box 320001</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Flowood, MS. 39232-001</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	_____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>500.<sup>00</sup></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>J.M. Hughes Group, LLC</u>	<u>12/10/16</u>	\$ <u>100.<sup>00</sup></u>
Mailing Address	<u>147 Highland Circle</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Jackson MS 39211</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	_____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>100.<sup>00</sup></u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Donnie Bell</u>	<u>12/12/16</u>	\$ <u>200.<sup>00</sup></u>
Mailing Address	<u>836 Tucker Rd.</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Fulton, MS. 38843</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	_____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>200.<sup>00</sup></u>
D. 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>MS Manufactured Housing Association</u>	<u>12/19/16</u>	\$ <u>250.<sup>00</sup></u>
Mailing Address	<u>P.O. Box 320369</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Flowood, MS. 39232</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	_____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>250.<sup>00</sup></u>

Name of Candidate or Committee Douglas D. McLeod  
 Reporting period 1/1/16 through 12/31/16

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Concrete Ind. Assoc. PAC</u>	<u>18</u> <u>11</u> <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>6700 Old Canton Rd. Suite K</u>		\$
City, State, Zip Code <u>Ridgeland, MS. 39151</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Thompson &amp; Associates</u>	<u>18</u> <u>11</u> <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>814 N. President St.</u>		\$
City, State, Zip Code <u>Jackson, MS. 39202</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
C. 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>Point One Strategies, LLC</u>	<u>18</u> <u>11</u> <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3015</u>		\$
City, State, Zip Code <u>Jackson MS. 39207</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. 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>MS Road Builders, Assoc. PAC</u>	<u>18</u> <u>10</u> <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>601 George St.</u>		\$
City, State, Zip Code <u>Jackson MS. 39202</u>		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Douglas D. McLeod  
 Reporting period 1/1/16 through 12/31/16

# 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>AT&amp;T PAC</u>	<u>10/17/16</u>	\$ <u>200.00</u>
Mailing Address <u>111 E. Capital St. Suite 6030</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS. 39201</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</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 Co.</u>	<u>12/1/16</u>	\$ <u>250.00</u>
Mailing Address <u>745 N. President St.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS. 39202</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>Mississippi Dental PAC</u>	<u>12/12/16</u>	\$ <u>500.00</u>
Mailing Address <u>439 B Katherine Dr.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, MS. 39232</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>MS Independent Rx PAC</u>	<u>10/13/16</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Labeland Dr. Ste 399</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, MS. 39232</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Douglas D. McLeod  
 Reporting period 1/1/16 through 12/31/16

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAPACHE PAC</u>	<u>12/18/16</u>	\$ <u>150.<sup>00</sup></u>
Mailing Address <u>1121 307 N University Blvd.</u>	□ □ □	\$ _____
City, State, Zip Code <u>Mobile, AL 36688</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>150.<sup>00</sup></u>
B. 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>Thompson &amp; Associates</u>	<u>12/14/16</u>	\$ <u>500.<sup>00</sup></u>
Mailing Address <u>814 W President St.</u>	□ □ □	\$ _____
City, State, Zip Code <u>Jackson MS 39236</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.<sup>00</sup></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>CEAFT</u>	<u>12/23/16</u>	\$ <u>250.<sup>00</sup></u>
Mailing Address <u>3000-B North State St.</u>	□ □ □	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.<sup>00</sup></u>
D. 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>Baker Donelson</u>	<u>12/18/16</u>	\$ <u>200.<sup>00</sup></u>
Mailing Address <u>100 Vision Drive Suite 400</u>	□ □ □	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.<sup>00</sup></u>