2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Eugene S. Clarke

Address P.O. Box 668, Hollandale, MS 38748 County Washington

Telephone 662-827-7261 Fax 662-827-7264

Office Sought State Senator District 22 Email Address cbbbuck@otelhook.com

☐ Check here if above is different from previous report

X 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	$ 19,000.00	+$ -0-	$ 19,000.00	$ 19,000.00
Total amount of disbursements	$ 1,169.67	+$ 2,262.23	$ 3,431.90	$ 3,431.90
Total amount of cash on hand			$ 111,383.92	

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

Eugene S. Clarke
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: Eugene S. Clarke

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: LKO Corp. Employees Fund	6 / 16 / 16	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CompHealth Management, Inc.	6 / 16 / 16	$ 500.00
Mailing Address: P.O. Box 31390	/ /	$
City, State, Zip Code: Tampa, FL 33631	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rick Calhoun	6 / 16 / 16	$ 500.00
Mailing Address: 217 W. Capitol St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wm (Randy) James	6 / 16 / 16	$ 500.00
Mailing Address: 217 W. Capitol St. Ste. 201	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Eugene S. Clarke

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 Underwriters Pol. Act.	6 / 16 / 16	$ 250.00
Mailing Address: 5475 Executive Place	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf States Toyota	8 / 31 / 16	$ 500.00
Mailing Address: P.O. Box 441887	/ /	$
City, State, Zip Code: Houston, TX 77244	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AstraZeneca	10 / 17 / 16	$ 1,000.00
Mailing Address: P.O. Box 15437	/ /	$
City, State, Zip Code: Wilmington, DE 19850	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tourism Miss. PAC	10 / 17 / 16	$ 500.00
Mailing Address: 103 W. Washington St.	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Eugene S Clarke

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: C.+G. Railway	11 / 3 / 16	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Garden Park Medical PAC	11 / 3 / 16	$ 500.00
Mailing Address: 15200 Community Rd.	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 500.00

C. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Healthcare PAC	11 / 4 / 16	$ 2,000.00
Mailing Address: 1706 Highland Colony	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 2,000.00

D. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anheuser Busch	11 / 4 / 16	$ 500.00
Mailing Address: Beer Lane	/ /	$
City, State, Zip Code: St. Louis MO 63167	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Eugene S. Clarke

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: Pfizer, Inc.	11 / 4 / 16	$ 500.00
Mailing Address: 1730 Lenox Ctr.	/ /	$
City, State, Zip Code: Memphis, TN 38115	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

B. Source: Corporation / PAC / Individual / Loan — Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Health Group Inc.	11 / 4 / 16	$ 500.00
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN 55440	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

C. Source: Corporation / PAC / Individual / Loan — Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PhRMA	12 / 5 / 16	$ 500.00
Mailing Address: 830 North St. Ste. B	/ /	$
City, State, Zip Code: Baton Rouge, LA 70802	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

D. Source: Corporation / PAC / Individual / Loan — Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rehab Centers LLC	12 / 9 / 16	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Eugene S. Clarke

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

ITEMIZED RECEIPTS

A. Source: Corporation / PAC / Individual / Loan / Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denbury Onshore LLC	12 / 19 / 16	$ 500
Mailing Address: 5320 Legacy Dr	/ /	$
City, State, Zip Code: Plano TX 75024	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: AT&T PAC Miss.	12 / 19 / 16	$ 1,000
Mailing Address: 111 E. Capitol St Ste 6030	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Cerner Corp PAC	12 / 28 / 16	$ 1,000
Mailing Address: 2800 Rockcreek Pkwy	/ /	$
City, State, Zip Code: Kansas City MO 64117	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000

D. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Acadia Health Care PAC	12 / 28 / 16	$ 500
Mailing Address: 6100 Tower Cir Ste 1000	/ /	$
City, State, Zip Code: Franklin TN 37067	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Eugene S. Clarke

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: Amerigroup Corp	12 / 28 / 16	$ 1000
Mailing Address: P.O. Box 68086	/ /	$
City, State, Zip Code: Cincinnati OH 45206	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000

B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Monsanto Co.	12 / 28 / 16	$ 500
Mailing Address: 800 N. Lindbergh	/ /	$
City, State, Zip Code: Creve Coeur MO 63167	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Miss. Dental PAC	12 / 28 / 16	$ 1,000
Mailing Address: 439 B Katherine Dr.	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000

D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson PAC	12 / 28 / 16	$ 500
Mailing Address: 100 Vision Dr. Ste. 400	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Eugene S. Clarke

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: Centene Corp. PAC	12 / 30 / 16	$ 2,000
Mailing Address: 7700 Forsyth Blvd	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	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: Comcast Corporation	12 / 30 / 16	$ 1,000
Mailing Address: 1701 JFK Blvd	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: National Assoc. of Insurance + Financial Advisors	12 / 30 / 16	$ 500
Mailing Address: P.O. Box 13649	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Eugene S. Clarke

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

ITEMIZED DISBURSEMENTS

A. Full name: Ark-La-Miss Radio Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O Box 1438	6/8/16	$ 229.00
City, State, Zip Code: Greenville, MS 38702	__/__/__	$
Purpose of Disbursement (Optional): Delta Council Day	Aggregate Year-to-date	$ 229.00
B. Full name: ALEC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	10/27/16	$ 400.00
City, State, Zip Code: Washington DC	__/__/__	$
Purpose of Disbursement (Optional): Conference Registration	Aggregate Year-to-date	$ 400.00
C. Full name: Double Quick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	10/24/16	$ 29.25
City, State, Zip Code: Leland + Cleveland, MS	10/30/16	$ 30.21
Purpose of Disbursement (Optional): Fuel - Travel	Aggregate Year-to-date	$ 59.26
D. Full name: Double Quick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	12/1/16	$ 25.20
City, State, Zip Code: Leland MS	5/2/16	$ 47.50
Purpose of Disbursement (Optional): Fuel - Travel	Aggregate Year-to-date	$ 72.70
E. Full name: Double Quick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	5/9/16	$ 36.00
City, State, Zip Code: Cleveland, MS	6/9/16	$ 47.00
Purpose of Disbursement (Optional): Fuel	Aggregate Year-to-date	$ 83.00
F. Full name: Double Quick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	5/26/16	$ 45.00
City, State, Zip Code: Hollandale, MS	6/16/16	$ 45.00
Purpose of Disbursement (Optional): Fuel	Aggregate Year-to-date	$ 90.00

Name of Candidate or Committee Eugene S. Clarke

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rick's Express		
Mailing Address	12/11/16	$ 15.75
City, State, Zip Code Hollandale, MS	8/28/16	$ 23.36
Purpose of Disbursement (Optional) Fuel	Aggregate Year-to-date	$ 78.21

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rick's Express		
Mailing Address	11/17/16	$ 42.00
City, State, Zip Code Hollandale MS	11/22/16	$ 26.50
Purpose of Disbursement (Optional) Fuel	Aggregate Year-to-date	$ 68.50

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ricks Express		
Mailing Address	9/30/16	$ 44.25
City, State, Zip Code Hollandale MS	10/4/16	$ 44.75
Purpose of Disbursement (Optional) Fuel	Aggregate Year-to-date	$ 89.00

D. 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	$

E. 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	$

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	$