



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Sara B. Thomas

Address 512 B.B. King Rd. County Sunflower

Telephone (662) 887-2628 Fax \_\_\_\_\_

Office Sought Representative Email Address s.thomas@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>650.00</u> +\$	\$ <u>650.00</u>	\$ <u>650.00</u>
Total amount of disbursements	\$ <u>6050.00</u> +\$	\$ <u>6050.00</u>	\$
Total amount of cash on hand		\$ <u>2,466.35</u>	

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

Sara B. Thomas  
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 Sara B. Thomas

Reporting period Jan. 1, 2016 through Dec. 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Ms. Political Action Committee</u>	<u>12/14/16</u>	\$ <u>200.00</u>
Mailing Address <u>111 East Capitol Street, 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 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 Bearman Caldwell &amp; Berkowitz</u>	<u>12/30/16</u>	\$ <u>200.00</u>
Mailing Address <u>4268 I-55 North meadowbrook office park</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</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>
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>Monsanto Company</u>	<u>11/21/16</u>	\$ <u>250.00</u>
Mailing Address <u>800 North Lindberg</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Saint Louis, MO, 63167</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>
D. Source: <input 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 _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<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	\$ _____

Name of Candidate or Committee Sara R. Thomas  
 Reporting period Jan. 1, 2016 through Dec. 31, 2016

## ITEMIZED DISBURSEMENTS

A. Full name <u>Indiana Summer Youth Camp</u>	Date (Mo., Day, Year) <u>6 / 1 / 16</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address	<u>        </u>	\$ <u>        </u>
City, State, Zip Code	<u>    /    /    </u>	\$ <u>        </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>Community Christmas Dinner</u>	Date (Mo., Day, Year) <u>12 / 1 / 16</u>	Amount of each disbursement this period \$ <u>550.00</u>
Mailing Address	<u>        </u>	\$ <u>        </u>
City, State, Zip Code	<u>    /    /    </u>	\$ <u>        </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>550.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>        </u>	\$ <u>        </u>
City, State, Zip Code	<u>    /    /    </u>	\$ <u>        </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>        </u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>        </u>	\$ <u>        </u>
City, State, Zip Code	<u>    /    /    </u>	\$ <u>        </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>        </u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>        </u>	\$ <u>        </u>
City, State, Zip Code	<u>    /    /    </u>	\$ <u>        </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>        </u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>        </u>	\$ <u>        </u>
City, State, Zip Code	<u>    /    /    </u>	\$ <u>        </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>        </u>