2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN 17 2017
Campaign Finance
Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Rita Potts Parks

Address PO Box 303 Corinth, MS 38835 County Alcorn

Telephone 662-415-4793 Fax None

Office Sought State Senate - District 4 Email Address mikenrita86@yahoo.com

☐ 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	$ 19885 +$ 2495	$ 22,380	$ 22,380
Total amount of disbursements	$ 1,100 +$ 3,070	$ 4,170	$ 4,170
Total amount of cash on hand		$ 67,724	

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

Rita Potts Parks
Signature of Candidate

1/9/17
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: Rita Potts Packs

Reporting period: Jan 1 2016 through Dec 31 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Speedee Cash Natchez MS office	10 / 17 / 16	$ 1600
Mailing Address: 412 Hwy 61 N	/ /	$
City, State, Zip Code: Natchez MS 39120	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deanease Payroll Advance LLC	10 / 18 / 16	$ 500
Mailing Address: PO Box 30	/ /	$
City, State, Zip Code: Starkville MS 39760	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eddie McKinney	10 / 15 / 16	$ 500
Mailing Address: 15 County Road 459	/ /	$
City, State, Zip Code: Corinth MS 38834	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MTPA PAC	12 / 5 / 16	$ 1000
Mailing Address: 345 Hwy 16 W	/ /	$
City, State, Zip Code: Kosciusko MS 39090	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Rita Potts Parks

Reporting period Jan 1 2016 through Dec 31 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Thompson And Associates LLC	12 / 8 / 16	$ 200
Mailing Address: 814 N President St	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check into Cash of Mississippi Inc	12 / 1 / 16	$ 1000
Mailing Address: 201 Keith St SW Suite 80	/ /	$
City, State, Zip Code: Cleveland TN 37311	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Select Management Resources LLC	11 / 4 / 16	$ 1000
Mailing Address: 3440 Preston Ridge Road Suite 500	/ /	$
City, State, Zip Code: Alpharetta GA 30005	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jones Walker LLP	12 / 5 / 16	$ 500
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Rita Potts Parks

Reporting period: Jan 1 2016 through Dec 31 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: PhRMA	11 / 29 / 16	$ 500
Mailing Address: 950 F Street NW Suite 300	/ /	$
City, State, Zip Code: Washington DC 20004	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tower Loan of Mississippi LLC	11 / 15 / 16	$ 1000
Mailing Address: PO Box 320001	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leaders PAC	11 / 17 / 16	$ 2500
Mailing Address: PO Box 24067	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Third Union Finance Inc	11 / 8 / 16	$ 1000
Mailing Address: PO Box 400	/ /	$
City, State, Zip Code: Olive Branch MS 38654	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Rita Potts Parks

Reporting period: Jan 1 2016 through Dec 31 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Miss Assn of Realtors PAC Mailing Address: PO Box 321000 City, State, Zip Code: Flowood MS 39232 Name of Employer (Required) Occupation (Required)	11 / 15 / 16	$ 1000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Guidepoint LLC Mailing Address: 1037 Lake Village Circle, Suite A City, State, Zip Code: Brandon MS 39047 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
	12 / 7 / 16	$ 500
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Mississippi Bankers Association PAC Mailing Address: PO Box 1091 City, State, Zip Code: Jackson MS 39205 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
	12 / 8 / 16	$ 1000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Enova Mailing Address: 175 W. Jackson Blvd. Suite 1000 City, State, Zip Code: Chicago IL 60604 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
	9 / 19 / 16	$ 1000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Rita Potts Parks

Reporting period: Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: Eli Lilly and Company PAC Mailing Address: City, State, Zip Code: Indianapolis IN 46285 Name of Employer (Required): Occupation (Required):	8 / 4 / 16	$ 500
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Full name: MS Pawnbrokers PAC Mailing Address: 1425 Terry Road City, State, Zip Code: Jackson, MS 39204 Name of Employer (Required): Occupation (Required):	12 / 8 / 16	$ 500
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify): Full name: Caroline Wicker Sims Mailing Address: 4175 Crane Blvd City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Occupation (Required):	11 / 28 / 16	$ 200
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify): Full name: Roy Hutcheson Mailing Address: 1904 Rosebowry Drive City, State, Zip Code: Scottsboro AL 35769 Name of Employer (Required): Hutcheson Enterprises Occupation (Required): President	12 / 5 / 16	$ 1000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Rita Potts Parks

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ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Advance America Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	10 / 27 / 16 / / / / / / Aggregate year-to-date	$ 1000 $ $ $ $
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MMHA-PAC Mailing Address: PO Box 320369 City, State, Zip Code: Flowood, MS 39232 Name of Employer (Required) Occupation (Required)	12 / 8 / 16 / / / / / / Aggregate year-to-date	$ 500 $ $ $ $
C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: AT&T Mississippi PAC Mailing Address: 111 E. Capitol St Suite 10030 City, State, Zip Code: Jackson, MS 39201 Name of Employer (Required) Occupation (Required)	9 / 15 / 16 / / / / / / Aggregate year-to-date	$ 250 $ $ $ $
D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Adams and Reese LLP Mailing Address: 4500 One Shell Square City, State, Zip Code: New Orleans LA 70139 Name of Employer (Required) Occupation (Required)	11 / 30 / 16 / / / / / / Aggregate year-to-date	$ 500 $ $ $ $

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ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Montgomery Enterprises Inc Mailing Address: PO Box 37 City, State, Zip Code: Fulton MS 38843 Name of Employer (Required) Occupation (Required)	10 / 21 / 16	$ 1000
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Money Now Hattiesburg Mailing Address: PO Box 2928 City, State, Zip Code: Meridian MS 39302 Name of Employer (Required) Occupation (Required)	10 / 29 / 16	$ 505
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	/ /	$
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	/ /	$
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$

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Name of Candidate or Committee Rita Potts Parks

Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Southern Sentinel Mailing Address 1701 City Avenue North City, State, Zip Code Ripley, MS 38663 Purpose of Disbursement (Optional) Political Ad	Date (Mo., Day, Year) 7/15/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 600 $ $ 600
B. Full name Alcorn County Republican Party Mailing Address PO Box 2686 City, State, Zip Code Corinth MS 38835 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 12/23/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 500 $ $ 500
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $