

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate MANLY BARTON
 Address 7905 PECAN RIDGE DR. County JACKSON
MOSS POINT, MS 39562
 Telephone 228-588-2763 Fax _____
 Office Sought HOUSE DISTRICT 109 Email Address MGB2763@CABLEONE.NET



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	\$ 2500. + \$ 1025.	\$ 3525.	\$ 3525.
Total amount of disbursements	\$ 2364.73 + \$ 2829.72	\$ 5194.45	\$ 5194.45
Total amount of cash on hand		\$ 30270.83	

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

Manly Barton
Signature of Candidate

1/28/17
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 MANLY BARTON
 Reporting period Jan. 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Kohl's</u>	<u>2/04/16</u>	\$ <u>240.75</u>
Mailing Address		
City, State, Zip Code	<u>2/04/16</u>	\$
<u>MOBILE, ALA BAMA</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>240.75</u>
<u>Campaign shirts</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>TRACTOR Supply</u>	<u>3/22/16</u>	\$ <u>213.98</u>
Mailing Address		
City, State, Zip Code	<u>3/22/16</u>	\$
<u>LUCKDALE, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>213.98</u>
<u>METAL POSTS FOR SIGNS</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>GEORGE County Sheriff</u>	<u>3/14/16</u>	\$ <u>350.00</u>
Mailing Address		
City, State, Zip Code	<u>3/14/16</u>	\$
<u>LUCKDALE, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>350.00</u>
<u>GOLF TOURNAMENT SPONSOR</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CASH</u>	<u>4/01/16</u>	\$ <u>400.00</u>
Mailing Address		
City, State, Zip Code	<u>4/01/16</u>	\$
<u>REIMBURSEMENTS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
<u>GAS AND TRAVEL FOR Campaign</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>EAST CENTRAL MEN'S CLUB</u>	<u>9/01/16</u>	\$ <u>300.00</u>
Mailing Address		
City, State, Zip Code	<u>9/01/16</u>	\$
<u>HURLEY, MS 39555</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
<u>GOLF TOURNAMENT SPONSOR</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>EAST CENTRAL CIVIC ASSOC.</u>	<u>10/01/16</u>	\$ <u>400.00</u>
Mailing Address		
City, State, Zip Code	<u>10/01/16</u>	\$
<u>HURLEY, MS 39555</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
<u>GOLF TOURNAMENT SPONSOR</u>		

Name of Candidate or Committee MANLY BARTONReporting period JAN 1, 2016 through DEC. 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>CASH</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>9 / 1 / 16</u>	\$ <u>175.00</u>
City, State, Zip Code	<u>10 / 1 / 16</u>	\$ <u>285.00</u>
Purpose of Disbursement (Optional) <u>REIMBURSEMENTS</u> <u>TWO GOLF TOURNAMENTS-PRIZES PROVIDED</u>	Aggregate Year-to-date	\$ <u>460.00</u>
B. 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	\$
C. 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	\$
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	\$

Name of Candidate or Committee MANLY BARTONReporting period JAN. 1, 2016 through DEC. 31, 2016

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>BNSF RAILWAY CO.</u>	<u>8</u> / <u>8</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 CON MENK DR.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>FT. WORTH, TX 76131</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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>MISSISSIPPI ROAD BUILDERS</u>	<u>9</u> / <u>12</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>601 GEORGE ST.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</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>CHEVRON POLICY & GOV. AFFAIRS</u>	<u>11</u> / <u>17</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 6042</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>SAN RAMON, CA 94583</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</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>AT&T PAC</u>	<u>12</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. CAPITOL ST.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee MANLY BARTONReporting 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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>BAKER DONALDSON PAC</u>		<u>12</u> / <u>30</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>4268 I-55 NORTH</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input 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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source: <input 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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input 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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>