

Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
House of Representatives District 72
2016 Primary Election



Name of Candidate Thomas V. "Tommy" Reynolds
 Address 1720 N. Main St. County Yalobusha
 Telephone (Work) 662-647-3203 (Home) 662-473-2571 (Fax) 662-647-2811
 Contact Name Tommy Reynolds Email Address thomasvreyolds@bellsouth.net
 Office Sought MS - House of Rep. - Dist 33 Political Party Democrat

Check here if above is different from previous report

- TYPE OF REPORT**
- August 16, 2016 Pre-Election Report (January 1, 2016, through August 13, 2016) Mandatory
 - September 6, 2016 Pre-Runoff Report (August 14, 2016, through September 3, 2016)..... Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
 - January 31, 2017 Annual Report (January 1, 2016, through December 31, 2016)..... Mandatory
 - Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election 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 this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	250.00	+	400.00	\$ 650.00	\$ 650.00
Total amount of disbursements \$	1820.70	+	500.00	\$ 2320.70	\$ 2320.70
Total amount of cash on hand				\$ 3,871.89	

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

Signature of Candidate [Signature]

Date 1-31-17

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).
 SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 801-576-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk. 3. Municipal candidates return forms to the Municipal Clerk.

Name of Candidate or Committee Tommy Reynolds
 Reporting period 01/01/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Sun Sentinel</u>	<u>01/06/16</u>	\$ <u>1,320.79</u>
Mailing Address		
<u>PO Box 250</u>		
City, State, Zip Code		
<u>Charleston, MS 38921</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,320.79</u>
<u>advertisement</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS Democratic Trust</u>	<u>06/30/16</u>	\$ <u>500.00</u>
Mailing Address		
<u>PO Box 3134</u>		
City, State, Zip Code		
<u>Jackson, MS 39207</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,820.79</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>___/___/___</u>	\$
Mailing Address		
	<u>___/___/___</u>	\$
City, State, Zip Code		
	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>___/___/___</u>	\$
Mailing Address		
	<u>___/___/___</u>	\$
City, State, Zip Code		
	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>___/___/___</u>	\$
Mailing Address		
	<u>___/___/___</u>	\$
City, State, Zip Code		
	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>___/___/___</u>	\$
Mailing Address		
	<u>___/___/___</u>	\$
City, State, Zip Code		
	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Tommy Reynolds
 Reporting period 01/01/16 through 12/31/16

ITEMIZED RECEIPTS

A. 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>Amnuser Busch Companies</u>	<u>1/10/16</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 217</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</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>
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 _____	<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	\$ _____
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 _____	<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	\$ _____
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 _____	<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	\$ _____