

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Committee to Re-Elect SAMC MaysAddress 605 Lakeshore Dr. McComb, MS 39248 County PikeTelephone 601-684-0281 Fax _____Office Sought State Representative Email Address smm@house.ms.gov

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	\$47,050 + \$ 5,500	\$ 52,550	\$ 52,550. ⁰⁰
Total amount of disbursements	\$ 10,156. ⁰⁸ + \$ 6,716. ³⁰	\$ 16,872. ³⁸	\$ 16,872. ³⁸
Total amount of cash on hand		\$ 218,945.90	

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 Sam MaysDate 1/3/17

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 Committee to Re-Elect SANC Michale
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Virginia O'Beirne</u>	<u>11/22/16</u>	\$ <u>300</u>
Mailing Address	<u>215 Arlington Ave</u>	<u>10/14/16</u>	\$ <u>500</u>
City, State, Zip Code	<u>Natchez, MS 39120</u>	<u>11/11/16</u>	\$ _____
Name of Employer (Required)	_____	<u>11/11/16</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>800.00</u>
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>LARue Drugs</u>	<u>10/17/16</u>	\$ <u>500</u>
Mailing Address	<u>428 Highway 51 North</u>	<u>11/11/16</u>	\$ _____
City, State, Zip Code	<u>Brookhaven, MS 39601</u>	<u>11/11/16</u>	\$ _____
Name of Employer (Required)	_____	<u>11/11/16</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ _____
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Down's Main Street Pharmacy, Inc.</u>	<u>11/10/16</u>	\$ <u>250.00</u>
Mailing Address	<u>1685 South Main St.</u>	<u>11/11/16</u>	\$ _____
City, State, Zip Code	<u>Greenville, MS 38701</u>	<u>11/11/16</u>	\$ _____
Name of Employer (Required)	_____	<u>11/11/16</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ _____
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Booneville Community Pharmacy</u>	<u>11/11/16</u>	\$ <u>500.00</u>
Mailing Address	<u>206 N 2nd St.</u>	<u>11/11/16</u>	\$ _____
City, State, Zip Code	<u>Booneville, MS 38825</u>	<u>11/11/16</u>	\$ _____
Name of Employer (Required)	_____	<u>11/11/16</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect LAMC MSU
 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 <u>Anderson's Pharmacy</u>		<u>6/13/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 250</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>North Canton, MS 38947</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
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 <u>Moore's Pharmacy</u>		<u>6/17/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Drawer 289</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Sebastopol, MS 39359</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
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 <u>David Hudson</u>		<u>6/20/16</u>	\$ <u>250.00</u>
Mailing Address <u>1133 Highway 43 N</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Kosciusko, MS 39050</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Hovell & HESSIE Drug Co</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Business Owner</u>		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 <u>Merck</u>		<u>7/22/16</u>	\$ <u>500.00</u>
Mailing Address <u>One Merck Drive</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Whitehouse Station, NJ 08889</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SA C. M. AS
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mr. Richard Little</u>	<u>8/17/16</u>	\$ <u>500</u>
Mailing Address <u>530 Planters Dr.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Pratt, MS 39208</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Little's Pharmacy</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mr. Kim Rogers</u>	<u>8/17/16</u>	\$ <u>500</u>
Mailing Address <u>166 Shadow Lake Dr.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Rodgers Family Pharmacy</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ _____
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>SUNALL Drug store</u>	<u>8/17/16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 120</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>SUNALL, MS 39482</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Hudson Pharmacy, Inc.</u>	<u>8/17/16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 658</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Planters, MS 39474</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect Sam C. McCall
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Independent RX PAC</u>	<u>8/17/16</u>	\$ <u>2,500</u>
Mailing Address <u>4209 Lakeland Dr.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Elizabeth Mitchell Eye Care, P.A.</u>	<u>8/30/16</u>	\$ <u>500.00</u>
Mailing Address <u>501 Baptist Drive</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ELI Lilly & Co. PAC</u>	<u>9/18/16</u>	\$ <u>500</u>
Mailing Address <u>8112 Henshaw Court</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Enterprise, AL 36009</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Montgomery, AL 36617</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Retina Associates, P.A.</u>	<u>9/26/16</u>	\$ <u>1,500.00</u>
Mailing Address <u>1200 North State St.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Shalston, MS 39202</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect Sam MillsReporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ASTRAZeneca</u>	<u>9/26/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 15437</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Wilmington DE 19850</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required)	<u>1/1/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Healthcare Assoc PAC</u>	<u>10/11/16</u>	\$ <u>2,000</u>
Mailing Address <u>1076 Highland Colony Parkway</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required)	<u>1/1/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Residential Care</u>	<u>10/11/16</u>	\$ <u>500.00</u>
Mailing Address <u>763 Avery Blvd N.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required)	<u>1/1/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Comprehensive Health Management, Inc.</u>	<u>10/13/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 31390</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Tampa, FL 33631</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required)	<u>1/1/16</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Committee to Re-Elect SAM MARSU

Reporting period

1/1/16

through

12/31/16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>John Byrne</u>		<u>10/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1505</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39121</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>BYRNE INSURANCE</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>BYRNE INSURANCE - OWNER</u>		Aggregate year-to-date	\$ _____
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wayne Potter</u>		<u>10/12/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 845</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self employed</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Petroleum eng.</u>		Aggregate year-to-date	\$ _____
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Benny JEANSONNE</u>		<u>10/18/16</u>	\$ <u>250.00</u>
Mailing Address <u>49 HOMOCHEHO ST.</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>SILAS SIMONS</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$ _____
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>WOODHAVEN CORP</u>		<u>10/18/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 1063</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39121</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required)		<u>1/1/16</u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SANCHEZ
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>GERONIMO HARDWOOD TIMBER, LLC</u>	<u>10/18/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 514</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39121</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>D & E Co.</u>	<u>10/18/16</u>	\$ <u>1,000</u>
Mailing Address <u>169 Homochitto Street</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39126</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Joe Stelman</u>	<u>10/18/16</u>	\$ <u>1,000</u>
Mailing Address <u>114 Main St.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Cry-Like Stelman Realtor</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Realtor/bus owner</u>	Aggregate year-to-date	\$ _____
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dan Rand</u>	<u>10/18/16</u>	\$ <u>1,000</u>
Mailing Address <u>107 South Rankin St.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Self-employed</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Self-employed</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SACMMS, L
 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 <u>Rives & Reynolds Lbr. Company</u>	<u>10/21/16</u>	\$ <u>1,000.⁰⁰</u>	
Mailing Address <u>P.O. Box 490</u>	<u>1/1/16</u>	\$ _____	
City, State, Zip Code <u>Louisville, MS 39339</u>	<u>1/1/16</u>	\$ _____	
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____	
Occupation (Required) _____	Aggregate year-to-date	\$ _____	
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____			
Full name <u>MS Medical Association PAC</u>	<u>10/22/16</u>	\$ <u>1,000.⁰⁰</u>	
Mailing Address <u>P.O. Box 2548</u>	<u>1/1/16</u>	\$ _____	
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u>1/1/16</u>	\$ _____	
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____	
Occupation (Required) _____	Aggregate year-to-date	\$ _____	
C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____			
Full name <u>Apothecare, LLC</u>	<u>10/24/16</u>	\$ <u>500</u>	
Mailing Address <u>P.O. Box 919</u>	<u>1/1/16</u>	\$ _____	
City, State, Zip Code <u>Meadvile MS 39653</u>	<u>1/1/16</u>	\$ _____	
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____	
Occupation (Required) _____	Aggregate year-to-date	\$ _____	
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) _____			
Full name <u>Robert Latham</u>	<u>10/22/16</u>	\$ <u>250.⁰⁰</u>	
Mailing Address <u>320 Main St.</u>	<u>1/1/16</u>	\$ _____	
City, State, Zip Code <u>Natchez, MS 39120</u>	<u>1/1/16</u>	\$ _____	
Name of Employer (Required) <u>Attorney</u>	<u>1/1/16</u>	\$ _____	
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ _____	

Name of Candidate or Committee Committee to Re-Elect SAMCM, MS
 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 <u>Medical System, Inc</u>		<u>10/27/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1267</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 38403</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
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 <u>JAMES Biglone</u>		<u>10/27/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 966</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Wahatche, MS 39121</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>United Mississippi Bank</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Business Owner</u>		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 <u>Garden Park Medical Center PAC</u>		<u>10/31/16</u>	\$ <u>1,000</u>
Mailing Address <u>15200 Community Rd,</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
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 <u>Centene Corporation PAC</u>		<u>11/2/16</u>	\$ <u>2,500</u>
Mailing Address <u>7700 Forsyth Blvd.</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>St. Louis MO 63105</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee CORCAST Re-Elect McCroryReporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CORCAST CORPORATION</u>	<u>11/2/16</u>	\$ <u>500</u>
Mailing Address <u>1701 JFK Blvd.</u>	<u>11/2/16</u>	\$ _____
City, State, Zip Code <u>Philadelphia, PA 19103</u>	<u>11/2/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/2/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Takeda Pharmaceuticals</u>	<u>12/1/16</u>	\$ <u>500</u>
Mailing Address <u>One Takeda Parkway</u>	<u>12/1/16</u>	\$ _____
City, State, Zip Code <u>Deerfield, IL 60015</u>	<u>12/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>12/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MD Eye PAC</u>	<u>12/1/16</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. Box 217</u>	<u>12/1/16</u>	\$ _____
City, State, Zip Code <u>Sackson, MS 39205</u>	<u>12/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>12/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pfizer, Inc.</u>	<u>12/1/16</u>	\$ <u>500</u>
Mailing Address <u>6730 Lenox Center Ct.</u>	<u>12/1/16</u>	\$ _____
City, State, Zip Code <u>Memphis, TN 38115</u>	<u>12/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>12/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SANCHEZ
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>United Health Group</u>	<u>12/1/16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 1455</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Minneapolis, MN 55440</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jordan Carriers, Inc</u>	<u>12/2/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 1066</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Watchez, NJ 08121</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>PhRMA</u>	<u>12/15/16</u>	\$ <u>500</u>
Mailing Address <u>950 F Street</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Washington, DC 20004</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>12/16/16</u>	\$ <u>500</u>
Mailing Address <u>Bristol-Myers Squibb Company</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>P.O. Box 25277</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>TAMPA, FL 33622</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect STACMUSE
 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 <u>MS Assoc for Home Care PAC</u>	<u>12/10/16</u>	\$ <u>500</u>
Mailing Address <u>134 FAIRMONT ST. SUITE B</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
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 <u>MS Dental PAC</u>	<u>12/15/16</u>	\$ <u>2,000</u>
Mailing Address <u>439 B KATHERINE DR.</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
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 <u>CAREMARK RX, INC.</u>	<u>12/16/16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 287</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>LINCOLN, RI 02895</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
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 <u>CENET CORPORATION PAC</u>	<u>12/21/16</u>	\$ <u>1,000</u>
Mailing Address <u>2800 ROCKCREAK PARKWAY</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>KANSAS CITY, MO 64117</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SANC M-116
 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 <u>Amerisap Corporation</u>	<u>12/26/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 68086</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Cincinnati, OH 45206</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
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 <u>Acadia Healthcare PAC</u>	<u>12/26/16</u>	\$ <u>1,000</u>
Mailing Address <u>6100 Tower Circle</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Franklin TN 37067</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
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 <u>Baker Donelson MS PAC</u>	<u>12/25/16</u>	\$ <u>500</u>
Mailing Address <u>4268 T-SS North</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
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 <u>Express Scripts</u>	<u>12/25/16</u>	\$ <u>1,000</u>
Mailing Address <u>One Express Way</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>St Louis, MO 63121</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SAMC.MILLS V
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>ESA JAYS</u>	Date (Mo., Day, Year) <u>2/10/16</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>1025 Wild Estate</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>SPONSOR</u>	Aggregate Year-to-date	\$
B. Full name <u>MS Republican Party</u>	Date (Mo., Day, Year) <u>2/25/16</u>	Amount of each disbursement this period \$ <u>3,000</u>
Mailing Address <u>415 Yazoo St.</u>		
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Miss Mattie Foundation</u>	Date (Mo., Day, Year) <u>2/21/16</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>P.O. Box 445</u>		
City, State, Zip Code <u>McComb, MS 39649</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>NCTA</u>	Date (Mo., Day, Year) <u>4/12/16</u>	Amount of each disbursement this period \$ <u>300</u>
Mailing Address <u>25 Manor Hill</u>		
City, State, Zip Code <u>Natchez, MS 39120</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>Natchez Democrat</u>	Date (Mo., Day, Year) <u>6/17/16</u>	Amount of each disbursement this period \$ <u>233.60</u>
Mailing Address <u>P.O. Box 2080</u>		
City, State, Zip Code <u>Selma, AL 36702</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2000.00</u>
F. Full name <u>North Pice Athletic Booster Club</u>	Date (Mo., Day, Year) <u>6/24/16</u>	Amount of each disbursement this period \$ <u>50</u>
Mailing Address <u>1022 JAGUAR TRAIL</u>		
City, State, Zip Code <u>SUMMIT, MS 39666</u>	<u>2/15/16</u>	\$ <u>200</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee

Committee to Re-Elect SAM C. Myers

Page

of

Reporting period

1/1/16

through

12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Signature Fleming	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	119 N. 6th Street	2/27/16	\$ 203.30
City, State, Zip Code	McComb, MS 39648	1/1/16	\$
Purpose of Disbursement (Optional)	2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-3699-3700-3701-3702-3703-3704-3705-3706-3707-3708-3709-3710-3711-3712-3713-3714-3715-3716-3717-3718-3719-3720-3721-3722-3723-3724-3725-3726-3727-3728-3729-3730-3731-3732-3733-3734-3735-3736-3737-3738-3739-3740-3741-3742-3743-3744-3745-3746-3747-3748-3749-3750-3751-3752-3753-3754-3755-3756-3757-3758-3759-3760-3761-3762-3763-3764-3765-3766-3767-3768-3769-3770-3771-3772-3773-3774-3775-3776-3777-3778-3779-3780-3781-3782-3783-3784-3785-3786-3787-3788-3789-3790-3791-3792-3793-3794-3795-3796-3797-3798-3799-3800-3801-3802-3803-3804-3805-3806-3807-3808-3809-3810-3811-3812-3813-3814-3815-3816-3817-3818-3819-3820-3821-3822-3823-3824-3825-3826-3827-3828-3829-3830-3831-3832-3833-3834-3835-3836-3837-3838-3839-3840-3841-3842-3843-3844-3845-3846-3847-3848-3849-3850-3851-3852-3853-3854-3855-3856-3857-3858-3859-3860-3861-3862-3863-3864-3865-3866-3867-3868-3869-3870-3871-3872-3873-3874-3875-3876-3877-3878-3879-3880-3881-3882-3883-3884-3885-3886-3887-3888-3889-3890-3891-3892-3893-3894-3895-3896-3897-3898-3899-3900-3901-3902-3903-3904-3905-3906-3907-3908-3909-3910-3911-3912-3913-3914-3915-3916-3917-3918-3919-3920-3921-3922-3923-3924-3925-3926-3927-3928-3929-3930-3931-3932-3933-3934-3935-3936-3937-3938-3939-3940-3941-3942-3943-3944-3945-3946-3947-3948-3949-3950-3951-3952-3953-3954-3955-3956-3957-3958-3959-3960-3961-3962-3963-3964-3965-3966-3967-3968-3969-3970-3971-3972-3973-3974-3975-3976-3977-3978-3979-3980-3981-3982-3983-3984-3985-3986-3987-3988-3989-3990-3991-3992-3993-3994-3995-3996-3997-3998-3999-4000-4001-4002-4003-4004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Name of Candidate or Committee Committee to Re-Elect SAMC.M.A
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Veterans Blvd.	5/5/16	\$ 20.30
City, State, Zip Code	McComb, MS 39248	5/11/16	\$ 79.21
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 200.00
B. Full name	WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Veterans Blvd.	10/31/16	\$ 200.00
City, State, Zip Code	McComb, MS 39248	1/1/16	\$ 115.10
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 589.81
C. Full name	Parklane Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1115 Parklane Rd.	6/12/16	\$ 85
City, State, Zip Code	McComb, MS 39248	11/11/16	\$ 150
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 235.00
D. Full name	MS House Republican Caucus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 2008	11/11/16	\$ 3,000.00
City, State, Zip Code	Sackson, MS 39215	1/1/16	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	US Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	530 Delacade Ave	11/4/16	\$ 47.00
City, State, Zip Code	McComb, MS 39248	12/27/16	\$ 47.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 570.11
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/16	\$
City, State, Zip Code		1/1/16	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$