2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 03 2017
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Committee to Re-Elect SARC Mims V

Address 605 Lakeshore Dr. McComb, MS 39648 County Pike

Telephone 601-684-0281 Fax

Office Sought State Representative Email Address SMimsehouse.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

1/3/17
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: Committee to Re-Elect SAM C. Mims, V

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: Virginia O'Beirne	4/22/16	$ 300
Mailing Address: 215 Arlington Ave	10/14/16	$ 500
City, State, Zip Code: Natchez, MS 39120	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 800.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LaRue Drugs	6/17/16	$ 500
Mailing Address: 428 Highway 51 North	/ /	$
City, State, Zip Code: Brookhaven, MS 39601	/ /	$
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: Brown's Main Street Pharmacy, Inc.	6/20/11	$ 250.00
Mailing Address: 1685 South Main St.	/ /	$
City, State, Zip Code: Greenville, MS 38701	/ /	$
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: Booneville Community Pharmacy	6/11/16	$ 500.00
Mailing Address: 206 N. 2nd St.	/ /	$
City, State, Zip Code: Booneville, MS 38829	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Committee to Re-Elect SAM CAMP

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: (Corporation) PAC Individual Loan Other (please specify) Full name: Anderson's Pharmacy Mailing Address: P.O. Box 250 City, State, Zip Code: North Carrollton, MS 38947 Name of Employer (Required) Occupation (Required)	6/13/16 / / / / / / Aggregate year-to-date	$ 250 00 $ $ $ $
B. Source: (Corporation) PAC Individual Loan Other (please specify) Full name: Moore's Pharmacy Mailing Address: P.O. Drawer 289 City, State, Zip Code: Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required)	6/17/16 / / / / / / Aggregate year-to-date	$ 1,000 00 $ $ $ $
C. Source Corporation PAC (Individual) Loan Other (please specify) Full name: David Hudson Mailing Address: 11333 Highway 43 N City, State, Zip Code: Kosciusko, MS 39090 Name of Employer (Required): Howell & Hessie Drug Co Occupation (Required): Business Owner	6/20/16 / / / / / / Aggregate year-to-date	$ 250 00 $ $ $ $
D. Source: (Corporation) PAC Individual Loan Other (please specify) Full name: Merck Mailing Address: One Merck Drive City, State, Zip Code: Whitehouse Station, NJ 08889 Name of Employer (Required) Occupation (Required)	7/22/16 / / / / / / Aggregate year-to-date	$ 500 00 $ $ $ $

Name of Candidate or Committee: Committee to Re-Elect Stan C. McVey

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: Mr. Richard Little	8/17/16	$ 500
Mailing Address: 530 Planters Dr.	/ /	$
City, State, Zip Code: Petal, MS 39208	/ /	$
Name of Employer (Required): Little's Pharmacy	/ /	$
Occupation (Required): Pharmacist	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: Mr. Kim Rogers	8/17/16	$ 500
Mailing Address: 106 Shadow Lake Dr.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Rodgers Family Pharmacy	/ /	$
Occupation (Required): Pharmacist	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: Sumrall Drug Store	8/17/16	$ 500
Mailing Address: P.O. Box 120	/ /	$
City, State, Zip Code: Sumrall, MS 39482	/ /	$
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: Hudson Pharmacy, Inc.	8/17/16	$ 500
Mailing Address: P.O. Box 658	/ /	$
City, State, Zip Code: Prentiss, MS 39474	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Committee to Re-Elect Sam C. McAdams V

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

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

Name of Candidate or Committee: Committee to Re-Elect Sam Mims, II

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

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

Name of Candidate or Committee: Committee to Re-Elect Sam Mims V

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: John Byrne Mailing Address: P.O. Box 1503 City, State, Zip Code: Natchez, MS 39121 Name of Employer (Required): Byrne Insurance Occupation (Required): Byrne Insurance - Owner	Date (Mo., Day, Year): 10/14/16 Aggregate year-to-date	Amount of each receipt this period: $ 500.00 Aggregate year-to-date: $
B. Source: ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Wayne Potter Mailing Address: P.O Box 845 City, State, Zip Code: Natchez, MS 39120 Name of Employer (Required): Self employed Occupation (Required): Petroleum engs.	Date (Mo., Day, Year): 10/12/16 Aggregate year-to-date	Amount of each receipt this period: $ 1,000.00 Aggregate year-to-date: $
C. Source ☐ Corporation ☐ PAC ☐ (Individual) ☐ Loan ☐ Other (please specify) Full name: Benny Jeansonne Mailing Address: 49 Homochitto St. City, State, Zip Code: Natchez, MS 39120 Name of Employer (Required): Silas Simmons Occupation (Required): CPA	Date (Mo., Day, Year): 10/28/16 Aggregate year-to-date	Amount of each receipt this period: $ 250.00 Aggregate year-to-date: $
D. Source: ☐ (Corporation) ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Woodhaven Corp Mailing Address: P.O. Box 1063 City, State, Zip Code: Natchez, MS 39121 Name of Employer (Required): Occupation (Required):	Date (Mo., Day, Year): 10/18/16 Aggregate year-to-date	Amount of each receipt this period: $ 1,000 Aggregate year-to-date: $

Name of Candidate or Committee: Committee to Re-Elect Sam C. McAdams

Reporting period: 7/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ (Corporation) ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Geronimo Hardwood Timber, LLC	10/18/16	$ 1,000
Mailing Address: P.O. Box 514	/ /	$
City, State, Zip Code: Natchez, MS 39121	/ /	$
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: D & E Co.	10/18/16	$ 1,000
Mailing Address: 169 Homochitto Street	/ /	$
City, State, Zip Code: Natchez, MS 39120	/ /	$
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: Joe Stedman	10/18/16	$ 1,000
Mailing Address: 114 Main St.	/ /	$
City, State, Zip Code: Natchez, MS 39120	/ /	$
Name of Employer (Required): Cry-Lee Stedman Realtors	/ /	$
Occupation (Required): Realtor/Bus Owner	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: Dan Bland	10/18/16	$ 1,000
Mailing Address: 107 South Rankin St.	/ /	$
City, State, Zip Code: Natchez, MS 39120	/ /	$
Name of Employer (Required): [redacted] self-employed	/ /	$
Occupation (Required): [redacted] Self-Employed	Aggregate year-to-date	$

Name of Candidate or Committee: Committee to Re-Elect SARCMS. V

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)		
Full name: Rives & Reynolds Lbr. Company	10/21/16	$ 1,000.00
Mailing Address: P.O. Box 490	/ /	$
City, State, Zip Code: Louisville, MS 39339	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Medical Association PAC	10/22/16	$ 1,000.00
Mailing Address: P.O. Box 2548	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$
C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Apothecare, LLC	10/22/16	$ 500
Mailing Address: P.O. Box 919	/ /	$
City, State, Zip Code: Meadville MS 39653	/ /	$
Name of Employer (Required) /	/ /	$
Occupation (Required)	Aggregate year-to-date	$
D. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Gatham	10/22/16	$ 250 00
Mailing Address: 320 Main St.	/ /	$
City, State, Zip Code: Natchez, MS 39120	/ /	$
Name of Employer (Required): Attorney	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Committee to Re-Elect SAM CAMPBELL

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Medical System, Inc Mailing Address: P.O. Box 1267 City, State, Zip Code: Hattiesburg, MS 39403 Name of Employer (Required) Occupation (Required)	10/27/16 Aggregate year-to-date	$ 1,000.00
B. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify) Full name: James Bisland Mailing Address: P.O. Box 966 City, State, Zip Code: Natchez, MS 39121 Name of Employer (Required): United Mississippi Bank Occupation (Required): Business Owner	10/27/16 Aggregate year-to-date	$ 1,000.00
C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Garden Park Medical Center PAC Mailing Address: 15200 Community Rd. City, State, Zip Code: Gulfport, MS 39503 Name of Employer (Required) Occupation (Required)	10/31/16 Aggregate year-to-date	$ 1,000
D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Centene Corporation PAC Mailing Address: 7700 Forsyth Blvd. City, State, Zip Code: St. Louis MO 63105 Name of Employer (Required) Occupation (Required)	11/2/16 Aggregate year-to-date	$ 2,500

Name of Candidate or Committee Committee to Re-Elect Jan C. Mayo

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: Comcast Corporation	11/2/16	$ 500
Mailing Address: 1701 JFK Blvd.	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
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: Takeda Pharmaceuticals	12/1/16	$ 500
Mailing Address: One Takeda Parkway	/ /	$
City, State, Zip Code: Deerfield, IL 60015	/ /	$
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: MD Eye PAC	12/1/16	$ 5,000.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
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: Pfizer, Inc.	12/1/16	$ 500
Mailing Address: 6730 Lenox Center Ct.	/ /	$
City, State, Zip Code: Memphis, TN 38115	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Committee to Re-Elect SAM C. MICHEL

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: United Health Group	12/1/16	$ 500
Mailing Address: P.O Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN 55440	/ /	$
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: Jordan Cahiels, Inc	12/2/16	$ 1,000
Mailing Address: P.O. Box 1066	/ /	$
City, State, Zip Code: Natchez, MS 39121	/ /	$
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: PhRMA	12/5/16	$ 500
Mailing Address: 950 F Street	/ /	$
City, State, Zip Code: Washington, DC 20004	/ /	$
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	12/6/16	$ 500
Mailing Address: Bristol-Myers Squibb Company	/ /	$
City, State, Zip Code: P.O. Box 25277	/ /	$
Name of Employer (Required): TAMPA, FL 33622	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Committee to Re-Elect Sam Mims

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: MS Assoc for Home Care PAC	12/20/16	$ 500
Mailing Address: 134 Fairmont St. Suite B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
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: MS Dental PAC	12/15/16	$ 2,000
Mailing Address: 4398 Katherine Dr.	/ /	$
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: CAREMARK RX, INC.	12/16/16	$ 500
Mailing Address: P.O. Box 287	/ /	$
City, State, Zip Code: LINCOLN, RI 02865	/ /	$
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: Cerner Corporation PAC	12/22/16	$ 1,000
Mailing Address: 2800 Rock Creek Parkway	/ /	$
City, State, Zip Code: Kansas City, MO 64117	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Committee to Re-Elect Sam C. Nunn

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: Amerisrap Corporation	12/26/16	$ 1,000
Mailing Address: P.O. Box 68086	/ /	$
City, State, Zip Code: Cincinnati, OH 45206	/ /	$
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: Acadia Healthcare PAC	12/26/16	$ 1,000
Mailing Address: 6100 Tower Circle	/ /	$
City, State, Zip Code: Franklin, TN 37067	/ /	$
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: Baker Donelson MS PAC	12/25/16	$ 500
Mailing Address: 4268 I-55 North	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
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: Express Scripts	12/25/16	$ 1,000
Mailing Address: One Express Way	/ /	$
City, State, Zip Code: St Louis, MO 63121	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Committee to Re-Elect SAM C. MICKS V

Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name ESA JAYS Mailing Address 1025 Wild Estate City, State, Zip Code McComb, MS 39648 Purpose of Disbursement (Optional) Sponsor	Date (Mo., Day, Year) 2/10/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 250.00 $ $
B. Full name MS Republican Party Mailing Address 415 Yazoo St. City, State, Zip Code Jackson, MS 39201 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 2/29/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 3,000 $ $
C. Full name Miss Mattie Fondation Mailing Address P.O. Box 445 City, State, Zip Code McComb, MS 39649 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/21/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 250.00 $ $
D. Full name NCTA Mailing Address 25 Manor Hill City, State, Zip Code Natchez, MS 39120 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 4/12/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 300 $ $
E. Full name Natchez Democrat Mailing Address P.O. Box 2080 City, State, Zip Code Selma, AL 36702 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 6/17/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 233.60 $ $ [redacted]
F. Full name North Pike Athletic Boosters Clu Mailing Address 1022 Jaguar Trail City, State, Zip Code Summit, MS 39666 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 6/24/16 2/15/16 Aggregate Year-to-date	Amount of each disbursement this period $ 50 $ 200 $ 250.00

Name of Candidate or Committee Committee to Re-Elect Sam C. Mims V

Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Signature Flaming		
Mailing Address 119 N. 6th Street	7/27/16	$ 203.30
City, State, Zip Code McComb, MS 39648	__/__/__	$
Purpose of Disbursement (Optional) [illegible]	Aggregate Year-to-date	$
B. Full name US Post office	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 530 Delaware Ave	2/24/11	$ 49
City, State, Zip Code McComb, MS 39648	5/15/11	$ 141
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name US Post office	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 530 Delaware Ave	8/22/16	$ 47
City, State, Zip Code McComb, MS 39648	10/5/16	$ 239.11
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name Smith Printing	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 294 1/2 Sgt. Prentiss Dr.	10/7/16	$ 314.47
City, State, Zip Code Natchez, MS 39120	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name Sissy Eidt	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 110 Laurel Ave	10/18/16	$ 959.79
City, State, Zip Code Natchez, MS 39120	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name WALMART	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1608 Veterans Blvd	4/24/16	$ 59.82
City, State, Zip Code McComb, MS 39648	5/3/16	$ 115.38
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee Committee to Re-Elect Sam C. Mims

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 39648	5/11/16	$ 79.21
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ [illegible]
B. Full name Wal Mart	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 39648	__/__/__	$ 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 39648	11/1/16	$ 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	11/1/16	$ 3,000.00
City, State, Zip Code Jackson, MS 39215	__/__/__	$
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 Delaware Ave	11/4/16	$ 47.00
City, State, Zip Code McComb, MS 39648	12/27/16	$ 47.09
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	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$