



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Nick Bani
 Address 516 Fillmore St Corinth, MS County Alcorn
 Telephone 601-953-2994 Fax 662-287-1684
 Office Sought State Rep Dist 2 Email Address nrbani@lutwilt.com

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	\$ 3150 +\$ 400	\$ 3550	\$ 55,114
Total amount of disbursements	\$ 2900 +\$ 945	\$ 3845	\$ 48,838 ⁷⁵
Total amount of cash on hand		\$ 27,859. ⁷⁴	

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

[Signature]
Signature of Candidate

1-31-17
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 Nick Bain

Reporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nick Bain</u>	□ / □ / □	\$ □
Mailing Address <u>516 N. Fillmore St</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Cornith, ms 38835</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>Attorney - Self</u>	□ / □ / □	\$ □
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1600⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Caterpillar</u>	□ / □ / □	\$ <u>1500⁰⁰</u>
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required) <u>PAC</u>	□ / □ / □	\$ □
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u>1500⁰⁰</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T</u>	□ / □ / □	\$ <u>250⁰⁰</u>
Mailing Address <u>111 E Capital St Sile 6030</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Jackson, MS 38834</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>PAC</u>	□ / □ / □	\$ □
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power</u>	□ / □ / □	\$ <u>200⁰⁰</u>
Mailing Address <u>2605 13th St</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Cornith, MS 38831</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>PAC</u>	□ / □ / □	\$ □
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee

Bain

Reporting period

1-1-16

through

12-31-16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ayers Huxton</u>	<u>3/8/16</u>	\$ <u>2000⁰⁰</u>
Mailing Address		
<u>727 N. Congress Jackson MS 39202</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2000⁰⁰</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>516 Fillmore St</u>	<u>1/12/16</u>	\$ <u>600⁰⁰</u>
Mailing Address		
<u>Corwith, MS</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Corinth Football</u>	<u>8/10/16</u>	\$
Mailing Address		
<u>1310 N. Harper Rd</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pam Johnson</u>	<u>3/21/16</u>	\$
Mailing Address		
<u>14 Bent Creek Dr.</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600⁰⁰</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>___/___/___</u>	\$
Mailing Address		
	<u>___/___/___</u>	\$
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
	<u>___/___/___</u>	\$
Mailing Address		
	<u>___/___/___</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$