REPORT OF RECEIPTS A	10 mm 2	NTS DECEIVEN
2016 Anni	ual Report	IAN 3 1 2017
Name of Candidate + AMC - UREY		JAN 5 1 Zun
Address 479 Hanley Nu	County	Secretary of State
Telephone 2 26-675-1041	Fax 228-875-496	, 4
Office Sought State Howe	Email Address <u> </u>	herd how-e.ms.gov
Check here if above is different from previous repo	rt	
January 31, 2017 Annual Report (January 1, 2016 through D	ecember 31, 2016)	Mandatory
		es, excluding judicial candidates on the ovember 2016 General Election ballot.
Termination Report (Candidate will no longer accept contribution Expenditures, has no outstanding debt obligation and zero cas		Required to terminate reporting bligations

IMPORTANT

- 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.
- 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).
- 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.

NS AND DISBURSEMENTS	
This Period	Calendar Year-To-Date
\$ 53,237	\$ same (calendar
\$ 43,378,71	\$ 1
\$ 110,670,54	5
nowledge and belief it is true Date Date	e, acqurate, and complete.
	\$ 53,237 \$ 43,378,71 \$ 110,670,54 nowledge and belief it is true Date

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	Hank ZUBET
Penarting paried 1-1-1/4	5 - () durrandt

ITEMIZED DISBURSEMENTS

A. Full name		
_ 15 Basylog11 Bowdr Cluh	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 Government Street	2/12/16	\$ 300
Ocem Social MJ 39564	//	\$
Purpose of Disburgement (Optional) COMMON SUPPORT (high School)	Aggregate Year-to-date	\$
+ out Republican Carus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address.	7,18,14	\$ 5,000
Jackson, MS 39201	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Leu Muho DAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Chatham	7/11/16	\$ 30,000
Occur Sprins, MS 39565	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10 U Front Beach	Date	
Mailing Address 10 U Front Beach City, State, Zip Code Clan Sprys, MJ 39504	Date (Mo., Day, Year)	disbursement this period
Mailing Address // Urront Dewn City, State, Zip Code Clan Spry5, MJ 39504 Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	s J T 0
Mailing Address (DU Front Bauch City, State, Zip Code (Clan Spring), MJ 39504 Purpose of Disbursement (Optional) E. Full name D.S. Ed Vaafun foundation	Date (Mo., Day, Year)	s JJU
Mailing Address // Ur Font Beach City, State, Zip Code Clan Spry S. M. 39504 Purpose of Disbursement (Optional) E. Full name D. Ed Danier Tour dation Mailing Address Overwat Jt.	Date (Mo., Day, Year)	s Amount of each
Mailing Address Worson + Bauch City, State, Zip Code Clan Spring, M. 39504 Purpose of Disbursement (Optional) E. Full name D. Edvary foundation Mailing Address City, State, Zip Code Ocean Spring M. 39500	Date (Mo., Day, Year)	s Amount of each disbursement this period
Mailing Address (DUT FONT BOWN) City, State, Zip Code (CUN Spring) Purpose of Disbursement (Optional) E. Full name DS Eduary Mailing Address City, State, Zip Code (COUNT Spring) Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	s Amount of each disbursement this period \$ 250
Mailing Address (DUTTON + Dewn) City, State, Zip Code (Delan Spring), M. 34 JC4 Purpose of Disbursement (Optional) E. Full name D. F. L.	Date (Mo., Day, Year) / / / / Aggregate Year-to-date Date (Mo., Day, Year) / / / / Aggregate	s Amount of each disbursement this period \$ 250 \$
Mailing Address (UV FON + DOWN) City, State, Zip Code (Clan Son) 395(4 Purpose of Disbursement (Optional) E. Full name DS Edvan Town Lation Mailing Address City, State, Zip Code (Clan Son) MS 395(4 Purpose of Disbursement (Optional) F. Full name Pobert Haff Syn Mailing Address 1268 Jat Staut 39047	Date (Mo., Day, Year)	s Amount of each disbursement this period \$ 250 \$ Amount of each disbursement this period \$ 250 \$ Amount of each
Mailing Address City, State, Zip Code Clan Sparis Ms 39504 Purpose of Disbursement (Optional) E. Full name DS Ed Vacation Foundation Mailing Address City, State, Zip Code Ocean Spans 39500 Purpose of Disbursement (Optional) F. Full name Purpose of Disbursement (Optional) F. Full name Purpose of Disbursement (Optional) City, State, Zip Code Cran Mon, MS	Date (Mo., Day, Year)	s Amount of each disbursement this period \$ 250 \$ Amount of each disbursement this period \$ 250 \$ Amount of each disbursement this period
Mailing Address City, State, Zip Code Clan Spring, M. 39504 Purpose of Disbursement (Optional) E. Full name D. F. L.	Date (Mo., Day, Year)	s Amount of each disbursement this period \$ 250 \$ Amount of each disbursement this period \$ 250 \$ Amount of each disbursement this period \$ 315

Name, of Candidate o	r Committee	Hanll Zuben
Reporting period	1-1-10	through 12-31-16

ITEMIZED DISBURSEMENTS

Date (Mo., Day, Year)	Amount of each disbursement this period
9 125/16	\$ 40 U
//	\$
Aggregate Year-to-date	\$
Date (Mo., Day, Year)	Amount of each disbursement this period
11/12/16	\$ 1000
//	\$
Aggregate Year-to-date	\$
Date (Mo., Day, Year)	Amount of each disbursement this period
11/14/16	\$ 423,01
//	\$
Aggregate Year-to-date	\$
Date (Mo., Day, Year)	Amount of each disbursement this period
11/14/16	\$ 932.96
	/
//	\$
Aggregate Year-to-date	\$
Year-to-date Date	\$ Amount of each
Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period
Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period
Year-to-date Date (Mo., Day, Year) 1 / 24/ 16 Aggregate	\$ Amount of each disbursement this period \$ \(\frac{1}{3} \) \(\frac{1}{3} \)
Year-to-date Date (Mo., Day, Year) 1 / 24/ 1/ Aggregate Year-to-date Date	\$ Amount of each disbursement this period \$ \(\frac{1}{3} \) \(\frac{1}{3} \) \$ Amount of each
Year-to-date Date (Mo., Day, Year) 1 / 24/ 16 /	\$ Amount of each disbursement this period \$ \(\sumset \)
	(Mo., Day, Year)

Name of Candidate or C	Committee	Hank	LUBU	
Reporting period	1-1-16	thro	ugh 12-31-16	

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Pot 970	1215116	\$ 2,000
Lackson, MS 39765	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3000
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	S
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	\$

Page	1	of	174
rage	1.1	01	1.0

Name of Candidate	e or Committee	+lan1	-ZUB	ti
Reporting period	1-1-14		through	12-31-16

	. •	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name [Z-tpres) Rehab	1 1 1/28 1 1/2	\$ 1000
Mailing Address 2001 Village Circle		\$
City, State, Zip Code /		\$
Name of Employer (Required)		\$
Occupation (Required)		4 L
Mediun	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Well Care	16/19/116	\$ 250
Mailing Address 8725 Fendelson Road		\$
City, State, Zip Code		\$
Name of Ethployer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Annaule Busin	91081116	\$ 7,000
Mailing Appress Susch Plane		\$
City, State, Zip Code		\$
St. Lauri W () 0 3118 Name of Employer (Regulred)		\$ [
NIA		Ф]
Occupation (Required) (b) SUNV 6000S Manufaction	Aggregate year–to-date	\$
D. Source: 💢 Corporation PAC 🗌 Individual 🔲 Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Advane America	101116	\$ 1,000
Mailing Address 135 N. Chur CM		\$
City, State, Zip Code SOAFLIN DV 15 , S C J 9300		\$
Name of Employer (Required)		\$
	<u> </u>	¥ J
Decupation (Regulard) FINALIAN SECULY	Aggregate year-to-date	\$

Name of Candidate	e or Committee	Haull Zi	1857
Reporting period	1-1-110	through	17-31-16

A. Source: Corporation PAC Individual Loan	Date	Amount of each	
Other (please specify)	(Mo., Day, Year)	receipt	
Full name		this period	
Cherron	10107106	\$ 1,000	
Mailing Address		· · · · · · · · · · · · · · · · · · ·	
6061 Bollinger Canyon Rd		\$	
City, State, Zip Code		, <u>.</u>	
San Ramor , CA 90585	<u> </u>	\$	
Name of Employer (Required)			
NA	<u> </u>	\$	
Occupation (Required)	Aggregate		
<u>theren</u>	year-to-date	\$	
B. Source: Corporation PAC Individual Loan		Amount of each	
	Date	receipt	
Other (please specify)	(Mo., Day, Year)	this period	
Full name	12/11/16	4	
4157	177 1 167 1 1110	\$ 250	
Mailing Address			
708 S. Ackard		\$	
City, State, Zip Code			
Dallas it > 77202		\$	
Name of Employer (Required)			
MA		\$	
Occupation (Required)	Aggregate	* P****	
Telycommuniani	year-to-date	\$	
C. Source 🔀 Corporation 🦳 PAC 🗌 Individual 🔲 Loan		Amount of each	
	Date (Mo., Day, Year)	receipt	
Other (please specify)	(WIO., Day, Tear)	this period	
Full name	178/11	6 (50.4)	
WAUMART	11 / 100 / 110	\$ 1000	
Mailing Address		\$	
102 J.W. 8th St.	<u> </u>	Ψ [
City, State, Zip Code		\$	
BeHarvilly, ARIC 72716	<u></u>	Ψ	
Name of Employer (Required)		\$	
A X	<u></u>	Ψ	
Occupation (Required)	Aggregate	\$	
PHA	year-to-date		
D. Source: Corporation PAC Individual Loan	Date	Amount of each	
Other (please specify)	(Mo., Day, Year)	receipt this period	
Full name		uns perioa	
SVOP CSIL	15/2/1	\$ 250	
Walling Address			
103 Part St.	<u> </u>	\$	
City, State, Zip Code			
Ocean Spring, MJ 395UY		\$	
Name of Employer (Required)		A .	
NIVY		\$	
	<u></u> / <u></u> /	* 1i	
Occupation (Required)	Aggregate	\$ []	
Occupation (Regulated)	Aggregate year-to-date	Fire the state of the second second	

Name of Candidate or Committee Hayl 7080		
Reporting period \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	C) I management	
ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	12,5,16	\$ 1,000
Mailing Address 175 W. Sacisson Blut		\$
City, State, Zip Code (NICA90, IL 60604		\$
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 ()	12/114/116	\$ 500
Mailing Address 3320 Loyally Ir, W		\$ [
City, State, Zip Gode PUAWUT+ 75 704		\$
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 E Software	12/12/14/14	\$ 1,000
Mailing Address 905 Logall Parl		\$
City, State, Zip Code 1 State,		\$
<u> </u>		\$
Occupation (Required) Sellugur	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Baker Dina 1500	(Mo., Day, Year)	\$ SOU
Full name Saker Punal Sun Mailing Address 100 U Sun Jnw		
Full name Safer Punal Sun Mailing Address DO USUN DM City, State, Zip Code Safe Sun, MS 341210		\$ 500
Full name Saker Punal Sun Mailing Address DO U SUN DIM City, State, Zip Code		\$ 500

Name of Candidate or Committee Hank Zuser		
Reporting period 1-1-16 through 17-31-16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ITEMIZED RECEIP	TS	
	10	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name PAC	M-15-110	\$ 500
Mailing Address		\$
City, State, Zip, Code /		
12 Mydaw, 11 5 39157		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
N/A	year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	12/30/16	\$ 500
Mailing Address		\$
City, State, Zip Code		The same and the s
Tackso, M < 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	2/30/16	
Clan Pruvon Ment Mailing Address	10/100/10	\$ 300
1615 J. Gellatin		\$
City, State, Zip Code Jacksun, M S 3920		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
NIN	year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name MAE PAC	$\square_1 \square_2 \square_4$	\$ 500
Mailing Address 43506 P.O. BUY		\$
City, State, Zip Code Cana (N), M 5 3904)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ [
NIA I	year-to-date	l

		
Name of Candidate or Committee Hanic Zurs	Consessor &	
Reporting period 1-1-16 through 12-3!-16	To the second se	
ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	17. 16 / III	\$ 1,000
Mailing Address		\$
City, State, Zip Code		\$
Jackson M 5.39030 Name of Employer (Required)		
NA		\$
Occupation (Required)	Aggregate	\$
B. Source: Corporation PAC Individual Loan	year–to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name PINNECIE	12/13/16	\$ 4000
Mailing Address		\$
City, State, Zip Code UCVS DUVS MS 39010		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	.
bama	year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mortall Southern RR	12/13/14	\$ 250
Mailing Address 3 Commercial Pland		\$
City, State, Zip Code Nutrill VA 23510		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan	-	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
full name		\$
Mailing Address		\$
City, State, Zip Code		\$
lame of Employer (Required)	$\square_{I}\square_{I}\square$	\$
Occupation (Required)	Aggregate vear–to-date	\$

Name of Candidate or Committee Hank 7	Cuber
Reporting period 1-1-10 th	12-31-16
リナヒトルラヒ	

A. Source: Corporation PAC Nindividual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(mony Day) (out)	this period
Full name (lork 3 LW)	12/11/11/11	\$ 2000
Mailing Address		¢ [
City, State, Zip Code		\$
Ocean Springs MS 39544		\$
Name of Employer (Regulired)		\$
SPIH Occupation (Required)		
Pharmacli	Aggregate year–to-date	\$ 2000
B. Source: Corporation X PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	ान व्य	
Wells Fargo & Co Employee PAC	112 / 116 / 116	\$ 1000 ~
Mailing Address J ' '		\$
90 South 7th Street - 16th Floor City, State, Zip Code	<u> </u>	P
Minneapolis MN 55402-3903		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
BAWKIND	Aggregate	\$
	year-to-date	E
C. Source Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosperity PAC LLC	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosporty PAC LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosporty PAC LLC Mailing Address Prospox 18 (e9)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosporty PAC LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prospority PAC LLC Mailing Address P.O. Box 1869 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosperity PAC LLC Mailing Address P.O. Box 1869 City, State, Zip Code Brandon MS 39043-1869 Name of Employer (Required)	Date (Mo., Day, Year) 12 / 16 / 16 1	receipt this period \$ \times O O O O O O O O O O O O O O O O O O O
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosperity PAC LLC Mailing Address P.O. Box 1869 City, State, Zip Code Brandon MS 39043-1869 Name of Employer (Required) N // Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosperity PAC LLC Mailing Address P.O. Box 1869 City, State, Zip Code Brandon MS 39043-1869 Name of Employer (Required)	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date	receipt this period \$ \times O O O O O O O O O O O O O O O O O O O
C. Source Corporation PAC Individual Loan Other (please specify) LLC Full name Prosperity PAC LLC Mailing Address P.O. Box 1869 City, State, Zip Code Brandon, MS 39043-1869 Name of Employer (Required) N A Occupation (Required)	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) Full name Prosper Hy PAC LLC Mailing Address Prosper	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LC	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LC	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LC	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 12 / 16 / 10 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year) 12 / 10 / 10 1 / 1 / 10 1 / 1 / 10 1 / 1 / 10 1 / 1 / 10	receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ \times

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Name of Candidate or Committee	tank Zuber
Reporting period 1~\~\@	through 12-31-16
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ch. H. Consulting T.N.C.	112/116/116	\$ 1000 00
Mailing Address 575 Johnstone Drive		\$
City, State, Zip Code Madison MS 39110		\$
Name of Employer (Required)		\$
Occupation (Required) (Billsulting	Aggregate year–to-date	\$ 100000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Prownbrokers PAC	12,116,116	\$ [[CCO 000
Mailing Address 425 Terry Rd.		\$
City, State, Zip Code SacVSon MS 39 204		\$
Name of Employer (Réquired)	/ /	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000 99
C. Source Corporation PAC Individual Loan Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Holams and Reese LLP		\$ 1000 00
Mailing Address 4500 One Shell Square		\$ [
City, State, Zip Gode New Orleans LA		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000 ca
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name First Heritage Credit LLC		\$ 100000
Leos Crescent Blvd, Ste 101		\$ []
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required)		\$
Decupation (Required)	Aggregate year–to-date	\$ 1000 as

Name of Candidate	e or Committee 🧾	Hank Z	wber
Reporting period	1-1-16	throug	h 12-31-16
	1-4-1	NAIZED	DEALID

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Assn. of Realters PAC	12/16/16	\$ 3000,00
Mailing Address P.O. Box 321000		\$
City, State, Zip Code Flowood, MS 39232		\$
Name of Employer (Required) N V T		\$
Occupation (Required)	Aggregate year–to-date	\$ 3000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Bankers Association PAC	12/16/16	\$ [2500]
P.O.Box 1091		\$
City, State, Zip Code TackSon_MS 392 05		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ 25000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi (redit Union PAC)	12 1 Tto 1 Tto	\$ 2500 °°
Mailing Address 1400 hakeovex Road City, State, Zip Code		\$
Jackson MS 39213		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2500°°
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lenders PAC	12/14/16	\$ 250090
Walling Address P.O. Box 24087		\$ [
Jackson MS 39225		\$
Name of Employer (Required)		\$
Decupation (Required)	Aggregate year–to-date	\$ 2500

Name of Candidate or Committee	ink Zuber
Reporting period 1-1-16	through 12.31.16

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full name		
Republic Finance, LLC	12/16/16	\$ 100000
Mailing Address		\$
P.O. Box 15429		3
City, State, Zip Code		\$
Batan Rouge, LA 70895	<u> </u>	Ψ]
Name of Employer (Required)		\$
<u> </u>	<u> </u>	Ψ
Occupation (Required)	Aggregate	\$ 100000
B. Source: Corporation PAC Individual Loan	year-to-date	
B. Source. [X Soliporation PAS minividual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
1st Franklin Financial		\$ 1000000
Mailing Address		
PO BOX 880		\$
City, State, Zip Code		
Toccoa GA 30517	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		\$
y ¹ A		* L
Occupation (Required)	Aggregate	\$ 100000
- Inimal	year–to-date	. 11000
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		ano period
Affordable Londing Group LLC	1121 The 1 16	\$ 500
Mailing Address		
589 Northpark Dr. Ste D	<u> </u>	\$
City, State, Zip Code		\$
Ridgeland, MS 39157	<u> </u>	7
Name of Employer (Required)		\$
NA A	<u> </u>	Ψ 1
Occupation (Required)	Aggregate	\$ 500 00
D. Source: Corporation PAC N Individual Loan	year-to-date	
3. Source. [] Corporation 1 AO Minurada [] Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
-ull name	MI TLe The	A (====================================
Roy Hutcheson	11611111111111111111111111111111111111	\$ 1750
Mailing Address		\$
1904 Koseberry Drive	Name of the same o	Y
City, State, Zip Code CCHS boro, AL 357 69		\$
Same of Employer (Required)		
SUT	<u> </u>	\$
Occupation (Require)	Aggregate	\$ [750
ntined	year-to-date	* 1750

Name of Candidate or Committee Hank Zube	7
Reporting period 1-1-1\q through 1	2-31-16
ITENATED D	COCIDA

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Clay Firm	12/14/110	\$ 50000
Mailing Address P-0. Box 217		\$
City, State, Zip Code Son MS 39205		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 30000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Shelter Insurance MS PAC	12/11/11/11/11/11/11/11/11/11/11/11/11/1	\$ 50000
Mailing Address 187 W Broadway		\$
City, State, Zip Code Columbia MO (p5218	$\square_{I}\square_{I}\square$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 5000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MMHA-PAC	12/16/16	\$ 50000
Mailing Address P, 0. Box 320369		\$
City, State, Zip Code Flow Ood, MS 39232		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500°°
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephen Simmons	12/14/16	\$ 25000
Mailing Address 108 Fountains Blvd.		\$
City, State, Zip Code Brandon, MS 39047		\$
Name of Employer (Řequíred) Self		\$
Occupation (Required)	Aggregate	\$ 0500
Lobbyist	year–to-date	* 1250°°

Name of Candidat	e or Committee 🔲	tank Zub	er .
Reporting period_	1-1-16	through	12-31-16
	1 1 1		DEALIDE

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Roy A. Hutcheson Jr.	12/16/16	\$ 25000
Mailing Address 102 Clinton Ave W Suite wol	/	\$
City, State, Zip Code Huntsville, AL 3580)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250°°
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ricky Brown	12,100,100	\$ [250°0
P.O. Box 1132		\$
City, State, Zip Code Sarvson, MS 39215		\$
Name of Employer (Required) Mississippi Beer Distributors Assn.		\$
Occupation (Required) President	Aggregate year–to-date	\$ 25000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gulf Gyacanty Life Insurance Co.	12/16/16	\$ [25000
Mailing Address P.O. BOX 12409	[21]61[6 [1]1]	\$ [250°° \$ [
Guf Gyaranty Life Insurance Co. Mailing Address P.O. Box 12409 City, State, Zip Code Jackson, MS 39236-2409		
Guf Gyacanty Life Insurance Co. Mailing Address P.O. BOX 12409 City, State, Zip Code Dackson, MS 39236-2409 Name of Employer (Required)		\$
Guf Guaranty Life Insurance Co. Mailing Address P.O. BOX 12409 City, State, Zip Code Dackson, MS 39236-2409 Name of Employer (Required) WH Occupation (Required) ZNURANT		\$
Mailing Address P.O. BOX 12409 City, State, Zip Code Dackson, MS 39236-2409 Name of Employer (Required) Occupation (Required).	//	\$ [
Mailing Address P.O. Box 12409 City, State, Zip Code Sockson, MS 39236-2409 Name of Employer (Required) Occupation (Required) D. Source: X Corporation PAC Individual Loan Other (please specify) Full name	//	\$ \[\] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt
Guf Gyacanty Life Insurance Co. Mailing Address P.O. Box 12409 City, State, Zip Code Dackson, MS 39236-2409 Name of Employer (Required) WH Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Blessey Law Firm Mailing Address P.O. Box 4448	/ / / / / / / / / / / / / / / / / / /	\$ \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Guf Gyacanty Life Insurance Co. Mailing Address P.O. BOX 12409 City, State, Zip Code Dackson, MS 39236-2409 Name of Employer (Required) LyA Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald BIESSLY Law Firm Mailing Address P.O. BOX 4648 City, State, Zip Code BIOXI, MS 39535	/ / / / / / / / / / / / / / / / / / /	\$ \[\] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\]
Gut Guaranty Life Insurance Co Mailing Address P.O. Box 12409 City, State, Zip Code Sackson, MS 39236-2409 Name of Employer (Required) Ly A Occupation (Required) Loan Other (please specify) Full name Grand Biessy Law Firm Mailing Address P.O. Box 4648 City, State, Zip Code Bioxi MS 39535 Name of Employer (Required) CHA	/ / / / / / / / / / / / / / / / / / /	\$ \[\] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period \] \$ \[\] \$ \[\] \$ \[\] \$ \[\]
Guf Gyacanty Life Insurance Co. Mailing Address P.O. BOX 12409 City, State, Zip Code Dackson, MS 39236-2409 Name of Employer (Required) LyA Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald BIESSLY Law Firm Mailing Address P.O. BOX 4648 City, State, Zip Code BIOXI, MS 39535	/ / / / / / / / / / / / / / / / / / /	\$

Name of Candidate	e or Co	mmitte	Hank Zuber
Reporting period	_ [-	1-16	through 12-31-16

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Liles B. Williams	12/16/16	\$ 25000
Mailing Address		
City, State, Zip Code		\$
Raymond MS 39154		\$
Name of Ephployer (Required)		\$
Occupation (Required)	Aggregate	\$ 75000
B. Source: Corporation PAC Individual Loan	year–to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Tower Loan of Mississippi, LLC	1/2 / 1/6 / 1/6	\$ 1000 00
Malling Address P.O. Box 320001		\$
City, State, Zip Code Flowood / NS 39232	$\square_{I}\square_{I}\square$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ [100000
	year–to-date	1,000
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Third Union Finance, Inc.	12/11/11/16	\$ 100000
Mailing Address		, , , , , , , , , , , , , , , , , , , ,
P.O. Box 900	<u> </u>	\$
P.O. Box 400 City, State, Zip Code		\$
City, State, Zip Code OLive Branch, MS 38654 Name of Employer (Required)		\$
City, State, Zip Code OLive Branch, MS 38454 Name of Employer (Required)		\$
City, State, Zip Code Olive Branch, MS 38654 Name of Employer (Required) NOccupation (Required) Sant H	//	\$
City, State, Zip Code Olive Branch, MS 38654 Name of Employer (Required) Occupation (Required) San Carlo Consource: Corporation PAC Individual Loan Other (please specify)		\$
City, State, Zip Code Olive Branch, MS 38454 Name of Employer (Required) NA Occupation (Required) San Chy Occupation (Required) San Chy Other (please specify) Full name Libecty Finance Company Inc	year-to-date Date	\$ \[\] \$ \[\] Amount of each receipt
City, State, Zip Code Olive Branch, MS 38654 Name of Employer (Required) NA Occupation (Required) San Carlo Consource: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$
City, State, Zip Code Olive Branch, MS 38454 Name of Employer (Required) NA Occupation (Required) Sanky Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) I sanky Other (please specify) Full name Liberty Finance Company Fnc Mailing Address I 34 Southhales Drive Oity, State, Zip Code Orlinada MS 3890	year-to-date Date (Mo., Day, Year)	\$ \[\] \$ \[\] Amount of each receipt this period \[\] \$ \[\] \
City, State, Zip Code Olive Branch, MS 38454 Name of Employer (Required) NA Occupation (Required) Sun CH Other (please specify) Full name Liberty Finance Company Finc Mailing Address 134 Southhales Drive Dity, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$ \[\] \
City, State, Zip Code Olive Branch, MS 38454 Name of Employer (Required) NA Occupation (Required) Sanky Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) I sanky Other (please specify) Full name Liberty Finance Company Fnc Mailing Address I 34 Southhales Drive Oity, State, Zip Code Orlinada MS 3890	year-to-date Date (Mo., Day, Year)	\$

Name of Candidate or Committee Honk Zuber	· · · · · · · · · · · · · · · · · · ·
Reporting period 1-1-16 through 12-31-16	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ackerman Finance Inc.	12/11/11/11/11/11/11/11/11/11/11/11/11/1	\$ 500°°
Mailing Address P.O. Box 915		\$
City, State, Zip Code Ackerman, MS 39735		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500~
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Money Now Hattiesburg	12,116,16	\$ 575.00
RO, Box 2928		\$
City, State, Zip Code Muridian, MS 39302		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 575 0
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Speedee Cash Natchez MS Office	四/10/16	\$ 660000
Mailing Address 412 Hwy W Worth		\$
Oity, State, Zip Code Natchez, MS 39120		\$
Name of Employer (Required)		\$
Coupation (Required)	Aggregate year–to-date	\$ 460°
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mantgomery Enterprises Inc.	1121 116 1 116	\$ 10000
P.O. Box 37		\$ [
Sity, State, Zip Code Fulton, MS 38843		\$
lame of Employer (Required)		\$ [
en-Millinu V	Aggregate year–to-date	\$ 1000°

Name of Candidat	e or	Comm	ittee	Hank Zuber
Reporting period		[-]-	V	through 12-31-110

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
		this period
Full name	12/16/16	\$ 5000
Dewese Payroll Advance, LLC Mailing Address	1 1 1 1	¥ 15CC
Mailing Address		
P.O. Box 30		\$
City, State, Zip Code		
		\$
Storkville, MS 39760		Y 1
Name of Employer (Required)		_
NA		\$
Occupation (Required)	<u> </u>	
	Aggregate	\$ 5000
layrol Finany	year-to-date	
B. Source: Corporation PAC Individual Loan		Amount of each
- Verent - V	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
		ans period
Full name	12 , 16 , 16	\$ 25000
East McComb Check Cash, INC.	<u> </u>	\$ 25000
Mailing Address		
		\$
P.O. Box 1683		'
City, State, Zip Code		
McComb, MS 39649		\$
100 Mary 1 and 1 a		
Name of Employer (Required)		\$
	<u> </u>	•
Occupation (Required)	Aggregate	4
		\$ 25000
	vear-to-date	して しんこうしつご !:
Finan	year-to-date	\$ 125000
C. Source Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan	Date	!(/\/_\;
		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemack, IN C Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemack, IN C Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemack, INC Mailing Address 134 Southlakes Drive	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address I34 Southlakes Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Crenada MS 38701	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address I34 Southlakes Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 25000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Crenada MS 38701	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Grenada MS 3890) Name of Employer (Required)	Date (Mo., Day, Year) 2 / 6 / 6 1 / 7 / 7	Amount of each receipt this period \$ 25000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Grenada MS 3890) Name of Employer (Required) N A Occupation (Required)	Date (Mo., Day, Year) 2 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /	Amount of each receipt this period \$ 25000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Creada MS 3890) Name of Employer (Required) N A Occupation (Required) Creat	Date (Mo., Day, Year) 2 / 6 / 6 1 / 7 / 7	Amount of each receipt this period \$ 25000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Grenada MS 3890) Name of Employer (Required) N A Occupation (Required)	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 6 Aggregate year-to-date	Amount of each receipt this period \$ 25000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Crenada, MS 3890) Name of Employer (Required) Name of Employer (Required) Creni D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 16 Aggregate year-to-date Date	Amount of each receipt this period \$ 25000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Creada MS 3890) Name of Employer (Required) N A Occupation (Required) Creat	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 6 Aggregate year-to-date	Amount of each receipt this period \$ 25000 \$ 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address ISY Southlakes Drive City, State, Zip Code Grenada, MS 3870) Name of Employer (Required) Name of Employer (Required) Credi D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000000000000000000000000000000000000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Inc Mailing Address 134 Southlakes Drive City, State, Zip Code Creada MS 3890 Name of Employer (Required) Name of (Required) Creation (Required) Creation (Required) Cocupation (Required)	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000000000000000000000000000000000000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Inc. Mailing Address ISY Southlakes Drive City, State, Zip Code Grenada, MS 38701 Name of Employer (Required) Name of Employer (Required) Credit D. Source: Corporation PAC Individual Loan Cash Money LLC	Date (Mo., Day, Year) 12 / 16 / 16 1 / 1 / 16 Aggregate year-to-date Date	Amount of each receipt this period \$ 25000 \$ 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Inc Mailing Address 134 Southlakes Drive City, State, Zip Code Creada MS 3890 Name of Employer (Required) Name of (Required) Creation (Required) Creation (Required) Creation PAC Individual Loan Cosh Money L.C. Mailing Address	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000 \$ 4 4 50000 Amount of each receipt this period \$ 250000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Inc Mailing Address 134 Southlakes Drive City, State, Zip Code Creada MS 3890 Name of Employer (Required) Name of (Required) Creation (Required) Creation (Required) Creation PAC Individual Loan Cosh Money L.C. Mailing Address	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000000000000000000000000000000000000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Thic Mailing Address 134 Southlakes Drive City, State, Zip Code Crenada MS 3890) Name of Employer (Required) Name of Employer (Required) Credi D. Source: Corporation PAC Individual Loan Cosh Money L.C. Mailing Address S838 Timberlake, Circle	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Inc Mailing Address 134 Southlakes Drive City, State, Zip Code Crenada MS 3890) Name of Employer (Required) Name of (Required) Credit Occupation (Required) Credit Other (please specify) Full name Cash Money LC Mailing Address S838 Timber ake Cucle City, State, Zip Code	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000 \$ 4 4 50000 Amount of each receipt this period \$ 250000
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, INC Mailing Address 134 Southlakes Drive City, State, Zip Code Grenada MS 3890 Name of Employer (Required) Noccupation (Required) Creat Corporation PAC Individual Loan Cosh Money LC Mailing Address 8838 Timberlake Circle City, State, Zip Code Meridian, MS 37305	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemark, Inc Mailing Address 134 Southlakes Drive City, State, Zip Code Crenada MS 3890) Name of Employer (Required) Name of (Required) Credit Occupation (Required) Credit Other (please specify) Full name Cash Money LC Mailing Address S838 Timber ake Cucle City, State, Zip Code	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250000 \$ 250000 Amount of each receipt this period \$ 2500000 \$ 25000000000000000000000000000000000000
Other (please specify) Full name Chasemark IN C Mailing Address 134 Southakes Drive City, State, Zip Code Grenada MS 3890 Name of Employer (Required) A A Coccupation (Required) Creat D. Source: Corporation PAC Individual Loan Source: Corporation PAC Individual Loan Mailing Address 8838 Timber ake Crede City, State, Zip Code City, State, Zip Code Maridian, MS 39305 Name of Employer (Required)	Date (Mo., Day, Year) 2 / 6 / 6 1 / 1 / 6 Aggregate year-to-date (Mo., Day, Year) 2 / 6 / 6 Date (Mo., Day, Year) 1 / 7 / 6 1 / 7 / 7	Amount of each receipt this period \$ 25000 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chasemack, IA) C Mailing Address 134 Southlakes Drive City, State, Zip Code Grenada, MS 3890 Name of Employer (Required) A A Occupation (Required) Credit D. Source: Corporation PAC Individual Loan A Other (please specify) Full name Cash Money LC Mailing Address S838 Timber ake Circle City, State, Zip Code Menidian, MS 39305 Name of Employer (Required) A A Decupation (Required)	Date (Mo., Day, Year) 12 / 6 / 6 1 / 7 / 7 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 25000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Chasemark IN C Mailing Address 134 Southakes Drive City, State, Zip Code Grenada MS 3890 Name of Employer (Required) A A Coccupation (Required) Creat D. Source: Corporation PAC Individual Loan Source: Corporation PAC Individual Loan Mailing Address 8838 Timber ake Crede City, State, Zip Code City, State, Zip Code Maridian, MS 39305 Name of Employer (Required)	Date (Mo., Day, Year) 2 / 6 / 6 1 / 1 / 6 Aggregate year-to-date (Mo., Day, Year) 2 / 6 / 6 Date (Mo., Day, Year) 1 / 7 / 6 1 / 7 / 7	Amount of each receipt this period \$ 25000 \$

Name of Candidate or Committee Hank Zuber
Reporting period 1-1-10 through 12-31-16
ITEMIZED RECEIPTS

TIEMIZED RECEIPTS					
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period			
Full name Eddie Mckinney Malling Address	12/11/11/16	\$ 1500°°			
15 County Road 459		\$			
city, State, Zip Code J Corinth MS 38834		\$			
Name of Employer (Required)		\$			
Occupation (Required)	Aggregate year-to-date	\$ 50000			
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt			
▼ Other (please specify)		this period			
Select Management Resources, LLC	12,14,16	\$ 1000 00			
3440 Preston Ridge Rd Ste. 500		\$			
City, State, Zip Code Alphare Ha, GA 30005		\$			
Name of Employer (Required) NA		\$			
Occupation (Required)	Aggregate year-to-date	\$ 100000			
C. Source Corporation PAC Individual Loan		Amount of each			
Other (please specify)	Date (Mo., Day, Year)	receipt this period			
Gulf Islands Credit, INC.	12/16/10	\$ 250°°			
Mailing Address 115 Pass Road		\$			
Outport, MS 3950		\$			
Name of Employer (Required) N A		\$			
Occupation (Required)	Aggregate year–to-date	\$ 25000			
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt			
Other (please specify)		this period			
Mississippi Medical PAC	121/6/16	\$ 1000000			
P.O. Box 2548		\$			
Ridgeland, MS 39158		\$			
lame of Employer (Required)		\$			
PAC Laby - Mills a	Aggregate year–to-date	\$ 1000°			

Name of Candidate or Committee Hank Zuber						
Reporting period	1.1	-16		through	12.31	-16
			117		DEO	

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	12/16/10	\$ 1000000
L Bank Plus PAC Mailing Address		* 110000 t
1068 Highland Colony Pkwy		\$
Ridguand, MS 39157		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 17000°C
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	m. m. sr	
Ituntington Ingalls Mailing Address	12/16/16	\$ 1000°°
P.O. Box 149		\$
Pascagoula, MS 39568		\$ [
Name of Employer (Required)		\$
		Ψ
Occupation (Required) Ship Divid H	Aggregate	\$ 170000
C. Source Corporation PAC Individual Loan	year–to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MTPA, PAC	12/30/116	\$ 1000 <u>0</u>
Mailing Address		\$
City, State, Zip Code		<u> </u>
		\$
Botesville, MS 38406 Name of Employer (Required)		<u> </u>
N /	<u> </u>	\$
Occupation (Required)	Aggregate	
Labburg	year-to-date	\$ 100000
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
MS Bankers Association (INKIND)	11/14/16	\$ 1500 INKINI
MS Bankers Association (INKTND) Mailing Address		- 1300 TANTING
640 North State Street	<u> </u>	\$
City, State, Zip Code		e [
Jackson MS 39202	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 60000
FAMZIY	year-to-date	* 1.500