

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Committee Committee to Elect Brigs Hopson
 Address 1007 Mission Park Drive County Warren
 Telephone 601-636-6996 Fax 601-636-6399
 Treasurer Todd A. Boolos Email Address todd@booloscpa.com

Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All Political Committees, excluding those which supported or opposed a judicial candidate on the November 2016 General Election ballot.

Termination Report (Committee will no longer accept contributions or 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 during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.

(2) Until a political committee 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 authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a legal holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

| REPORTED CONTRIBUTIONS AND DISBURSEMENTS | | | | |
|--|---------------------------|------------|----------------------|-----------------------|
| | Itemized + Non-itemized = | | This Period | Calendar Year-To-Date |
| Total amount of contributions | \$ 26,650 | +\$ 3,505 | \$ 29,700 | \$ 29,700.00 |
| Total amount of disbursements | \$ 3,932.08 | +\$ 830.00 | \$ 4,462.08 | \$ 4,762.08 |
| Total amount of cash on hand | | | \$ 147,116.78 | |

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 Director or Treasurer Date 1/30/17

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 statute(s) 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:
 Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
 Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.
 Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

Name of Candidate or Committee Committee to Elect Briggs HopsonReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

| | | | |
|--|--|-----------------------------------|--|
| A. 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 BAKER, DONELSON, BEARMAN & BERKOWITZ, PC | | <u>12</u> / <u>30</u> / <u>16</u> | \$ <u>500.00</u> |
| Mailing Address 4268 I-55 NORTH, MEADOWBROOK OFFICE PARK | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code JACKSON, MS 39211 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. 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 BEN THOMPSON | | <u>12</u> / <u>30</u> / <u>16</u> | \$ <u>500.00</u> |
| Mailing Address P. O. BOX 16097 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code JACKSON, MS 39236 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) SELF | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) BUSINESSMAN | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input 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 BNSF RAILWAY COMPANY | | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>250.00</u> |
| Mailing Address 2500 LOU MENK DRIVE, AOB-3 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code FORT WORTH, TX 76131 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. 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 CABLE PAC MCTA | | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address P. O. BOX 55867 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code JACKSON, MS 39296 | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1,000.00</u> |

Name of Candidate or Committee Committee to Elect Briggs Hopson

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input 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>DENBURY</u> | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>5320 LEGACY DRIVE</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>PLANO, TX 75024-3121</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input 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>DENMISS, LLC</u> | <u>11</u> / <u>07</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P. O. BOX 320579</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>FLOWOOD, MS 39232-0579</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>1,000.00</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>DOUGLAS M. WRIGHT, JR.</u> | <u>12</u> / <u>12</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>111 E. TROY STREET, SUITE D</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>TUPELO, MS 38804</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) <u>SELF</u> | □ / □ / □ | \$ _____ |
| Occupation (Required) <u>BUSINESSMAN</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| D. 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>ELECTRIC POWER ASSOCIATION PAC</u> | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>665 HIGHLAND COLONY PARKWAY</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>RIDGELAND, MS 39158</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>1,000.00</u> |

Name of Candidate or Committee Committee to Elect Briggs Hopson

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

| A. Source: <input checked="" 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>HUNTINGTON INGALLS INDUSTRIES</u> | <u>12</u> / <u>30</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P. O. BOX 149</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>PASCAGOULA, MS 39568</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input 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>JONES WALKER ATTORNEYS</u> | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>500.00</u> |
| Mailing Address <u>190 E. CAPITOL STREET, SUITE 800</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>JACKSON, MS 39201</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |
| C. 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>MS INDEPENDENT RX PAC</u> | <u>12</u> / <u>15</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>4209 LAKELAND DR., SUITE 399</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>FLOWOOD, MS 39232</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input 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>MMC MATERIALS, INC.</u> | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>500.00</u> |
| Mailing Address <u>P. O. BOX 2569</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>MADISON, MS 39130</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Committee to Elect Briggs Hopson

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| A. 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>MS MEDICAL PAC</u> | <u>12</u> / <u>21</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P. O. BOX 2546</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>RIDGELAND, MS 39158</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>1,000.00</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>MS POWER COMPANY PAC</u> | <u>10</u> / <u>17</u> / <u>16</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P. O. BOX 4079</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>GULFPORT, MS 39502</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input 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>PFIZER, INC.</u> | <u>11</u> / <u>07</u> / <u>16</u> | \$ <u>500.00</u> |
| Mailing Address <u>6730 LENNOX CENTER CT.</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>MEMPHIS, TN 39115</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |
| D. 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>PhRMA</u> | <u>12</u> / <u>07</u> / <u>16</u> | \$ <u>500.00</u> |
| Mailing Address <u>950 F STREET NW, SUITE 300</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>WASHINGTON, DC 20004</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Committee to Elect Briggs HopsonReporting period January 1, 2016 through December 31, 2016

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| A. 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 WALMART STORES INC. PAC | 12 / 07 / 16 | \$ 500.00 |
| Mailing Address 702 SW 8TH STREET | / / | \$ |
| City, State, Zip Code BENTONVILLE, AR 72716-0150 | / / | \$ |
| Name of Employer (Required) | / / | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 500.00 |
| B. 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 WILLIAM L. SMITH | 12 / 21 / 16 | \$ 250.00 |
| Mailing Address 1200 MEADOWBROOK, UNIT 18 | / / | \$ |
| City, State, Zip Code JACKSON, MS 39206 | / / | \$ |
| Name of Employer (Required) SELF | / / | \$ |
| Occupation (Required) BUSINESSMAN | Aggregate year-to-date | \$ 250.00 |
| C. 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 ATMOS ENERGY CORPORATION PAC | 12 / 30 / 16 | \$ 1,000.00 |
| Mailing Address 5430 LBJ FREEWAY, SUITE 160 | / / | \$ |
| City, State, Zip Code DALLAS, TX 75240 | / / | \$ |
| Name of Employer (Required) | / / | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ 1,000.00 |
| D. Source: <input type="checkbox"/> Corporation <input 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 | / / | \$ |
| Mailing Address | / / | \$ |
| City, State, Zip Code | / / | \$ |
| Name of Employer (Required) | / / | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |