



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Casey Eure  
 Address 11839 Sleeping Deer Ln Sauveter MS 39574 County Harrison  
 Telephone 228-297-2849 Fax \_\_\_\_\_  
 Office Sought House Dist 116 Email Address eure@Cableone.net

Check here if above is different from previous report

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	\$ 2000 <sup>00</sup> +\$ 0	\$ 2000 <sup>00</sup>	\$ 2000 <sup>00</sup>
Total amount of disbursements	\$ 2,523 <sup>83</sup> +\$ 3376.40	\$ 5920 <sup>23</sup>	\$ 5920 <sup>23</sup>
Total amount of cash on hand		\$ 28,066.49	

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

[Signature] 1-31-17  
 Signature of Candidate 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

Casey Eure Campaign

Reporting period

1-1-16

through

12-31-16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bayleigh Chambliss	2/10/16	\$ 250. <sup>00</sup>
Mailing Address		
11820 Sleeping Deer Ln		
City, State, Zip Code		
Saucier Ms 39574	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250. <sup>00</sup>
Cheer sponsorship		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Woolmarket Baseball	3/5/16	\$ 450. <sup>00</sup>
Mailing Address		
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 450. <sup>00</sup>
Sponsorship		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bank of America	5/5/16	\$ 323. <sup>83</sup>
Mailing Address		
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 323. <sup>83</sup>
Campaign material		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
DI Berville Basketball	6/27/16	\$ 250. <sup>00</sup>
Mailing Address		
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250. <sup>00</sup>
Sponsorship		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Frog Fest	10/17/16	\$ 250. <sup>00</sup>
Mailing Address		
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250. <sup>00</sup>
Sponsorship		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Tate Reeves	12/6/16	\$ 1,000. <sup>00</sup>
Mailing Address		
City, State, Zip Code		
	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000. <sup>00</sup>
Campaign		

Name of Candidate or Committee Casey Eute Campaign  
 Reporting period 1-1-16 through 12-31-16

# 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 <u>EnPac MS</u>	<u>10/17/16</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 1640</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39215</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. 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 <u>Elec Power OF MS</u>	<u>12/6/16</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 3300</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. 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	\$ _____
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 <u>Comcast</u>	<u>10/24/16</u>	\$ <u>500.00</u>
Mailing Address <u>600 Galleria Parkway Suite 1100</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Atlanta GA 30339</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Casey Cure Campaign

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

# 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 <u>MS Power State PAC</u>	<u>10/1/16</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 4079</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>BNSF Railway</u>	<u>12/1/16</u>	\$ <u>250.00</u>
Mailing Address <u>2500 Lou Meak Dr</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>ADD-03 Fortworth TX 76131</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. 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 <u>Advance America</u>	<u>10/1/16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N Church ST</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Spartanburg SC</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
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	\$ _____