2016 ELECTION CYCLE **Delbert Hosemann** SECRETARY OF STATE REPORT OF RECE Secretary of State Capitol Office Telephone rounger@bellsouth.net Office Sought Check here if above is different from previous report All candidates, excluding judicial candidates on the November 2016 General Election ballot. Required to terminate reporting Termination Report (Candidate will no longer accept contributions, make obligations Expenditures, has no outstanding debt obligation and zero cash on hand balance.) **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. 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.

PEPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$ 1450 +\$ 0	\$ 1430.00	\$ 1450.00
Total amount of disbursements \$ 0 +\$ 955	\$ 0	\$ 0
Total amount of cash on hand	\$ 1197,00	

Signature of Candidate Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seg. 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.

REPORT OF RECEIPTS AND DISBURSEMENTS

2016 Annual Report Name of Candidate Secretary of State Capitol Office Telephone Check here if above is different from previous report All candidates, excluding judicial candidates on the November 2016 General Election ballot. Required to terminate reporting Termination Report (Candidate will no longer accept contributions, make obligations

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = **This Period** Year-To-Date Total amount of contributions \$ \$ Total amount of disbursements \$ \$ \$ Total amount of cash on hand \$ 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 **Date**

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Name of Candidate or Committee	MAMES	/7. 0	joung	120
Reporting period $1-9-20$	16 through	12 -	315	1016
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ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	10.10.17	
Monsanto Company	8118116	\$ 250.00
Mailing Address /		
1800 N Lindbergh		\$
City, State, Zip Code		
Leve Coeur, Mo 6367		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	5.5.0°	
BNSF RAILWAY COMPANY	D15176	\$ 250.00
Mailing Address /		\$
3280 East Shelby Dr	<u> </u>	Y 1
City, State, Zip Code		
Memohis TN 38118		\$
Name of Employer (Required)		
Michael D. GACCIAA		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 250,00
C. Source Corporation PAC Individual Loan		A
C. Source Corporation PAC Individual Loan	Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Whate Management		receipt
Other (please specify) Full name Light e Management Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Waste Management Mailing Address 2085 Hwy 190 West	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Whate Management Mailling Address 2085 Havy 190 West City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Waste Management Mailing Address 2085 How 190 West City, State, Zip Code Slide () A 70460	(Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Waste Management Mailing Address 2085 Hwy 190 West City, State, Zip Code Slide L. A. 70460 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Waste Management Mailing Address 2085 Harin 90 West City, State, Zip Code Slide (A 70460) Name of Employer (Required) Repert Faucheux	(Mo., Day, Year)	receipt this period \$ \[\sumsymbol{250.00} \] \$ \[\sumsymbol{350.00} \] \$ \[\sumsymbol{350.00} \]
Other (please specify) Full name Waste Management Mailing Address 2085 Hwy 190 West City, State, Zip Code Slide L. A. 70460 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Whate Management Mailling Address 2085 Hwy 90 West City, State, Zip Code Slide A 70460 Name of Employer (Required) Rene Faurheux Occupation (Required)	(Mo., Day, Year)	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Waste Management Mailing Address 2085 Harin 90 West City, State, Zip Code Slide (A 70460) Name of Employer (Required) Repert Faucheux	(Mo., Day, Year)	receipt this period \$ \[\sumsymbol{250.00} \] \$ \[\sumsymbol{350.00} \] Amount of each
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Other (please specify) Full name Waste Management Mailing Address 2085 How 90 West City, State, Zip Code Side (A 70460 Name of Employer (Required) Rene Faucheux Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period \$ \[\sumsymbol{250.00} \] \$ \[\sumsymbol{350.00} \] Amount of each receipt
Other (please specify) Full name Waste Management Mailing Address 2085 High 90 West City, State, Zip Code Side ((Mo., Day, Year)	receipt this period \$ \[\sumsymbol{250.00} \] \$ \[\sumsymbol{350.00} \] Amount of each receipt
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Other (please specify) Full name Whate Management Mailing Address 2085 Hour 90 West City, State, Zip Code Slide A 70460 Name of Employer (Required) Rene Faucheux Occupation (Required) Other (please specify) Full name A T J T MS Political Atlow Convitted	(Mo., Day, Year)	receipt this period \$ \[\sumsymbol{250.00} \] \$ \[\sumsymbol{350.00} \] \$ \[\sumsymbol{250.00} \] Amount of each receipt this period
Other (please specify) Full name Whate Management Mailing Address 2085 Hard 90 West City, State, Zip Code Side A 20468 Name of Employer (Required) Rene Faucheux Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name A T J M S Political Atlow Carmittee Mailing Address	(Mo., Day, Year)	receipt this period \$ \[\sumsymbol{D50.00} \] \$ \[\sumsymbol{D50.00} \] Amount of each receipt this period \$ \[\sumsymbol{D50.00} \]
Other (please specify) Full name Waste Management Mailing Address 2085 High 90 West City, State, Zip Code Slide (A 70460 Name of Employer (Required) Cocupation (Required) Occupation (Required) Other (please specify) Full name Mailing Address Mailing Address	(Mo., Day, Year)	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Name of Candidate or Com	
Reporting period /- 9-	RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Alabama & Gulf Coast Railway, LLC &	10/19/10	\$ 250,00
Mailing Address GRACSEL & Dyoming Railroad Services, 13901 Sutton Park Dr. Suite 150 Bldg. B Inc. City, State, Zip Code		\$
Jacksonville, FL 3004		\$
Name of Employer (Required) To e Acbon A		\$
Occupation (Required)	Aggregate yearto-date	\$ 250,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
BAKEC DONE SON BEACMAN Co Hwell Beckowitz	1212116	\$ 200,00
Malling Address One Enstover Center 100 Vision Dr., Suite 400 City, State, Zip Code		\$
JACKSON MS 39211		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 200.00
	year-to-date	4 200.00
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt
Particular	Date	Amount of each
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date	Amount of each receipt this period \$ [
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) /////	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) // // / // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) // // / // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
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