REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES

2016 Election

Check one of the following:

☐ The independent expenditure disclosed **was made in support** of the candidate identified.

☐ The independent expenditure disclosed **was made in opposition** to the candidate identified.

_____

Name of the Candidate of whom the expenditure was in support or in opposition.

_____

Full Name of Individual or Entity making Independent Expenditure.

Please check the appropriate box:

☐ Corporation ☐ Political Committee

☐ Individual ☐ Other (Specify_____)

_____

Contact Person

_____

Mailing Address *City* *State* *Zip Code*

_____ _____

Phone *Fax*

Please check one of the following dates:

_____ **May 10, 2016 Periodic Report** (January 1, 2016, through April 30, 2016)……**Mandatory**

_____ **June 10, 2016 Periodic Report** (May 1, 2016, through May 31, 2016)……**Mandatory**

_____ **July 8, 2016 Periodic Report** (June 1, 2016, through June 30, 2016)……**Mandatory**

_____ **October 10, 2016 Periodic Report** (July 1, 2016, through September 30, 2016)……**Mandatory**

_____ **November 1, 2016 Pre-Election Report** (October 1, 2016, through October 29, 2016)……**Mandatory**

All General and Special Election Candidates and Political Committees

_____ **November 22, 2016 Pre-Runoff Report** (October 30, 2016, through November 19, 2016)……**Runoff Candidates Only**

All Candidates and Political Committees in a Runoff Election

_____ **January 10, 2017 Periodic Report** (October 1, 2016, through December 31, 2016)……**Mandatory**

____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-itemized	= This Period	Calendar Year-To-Date
Total amount of contributions	$	+$	$	$
Total amount of disbursements	$	+$	$	$
Total amount of cash on hand			$	

Under penalty of perjury, I hereby certify that the disclosed independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

_____ _____

Authorized Signature *Date Signed*

State of _____

County of _____

Sworn to and subscribed before me this the _____ day of _____, 2016.

_____

Notary Public

My Commission Expires: _____

Miss Code Ann. §23-15-807 and §23-15-809 (1972)

SEND TO:

1. **Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX to 601-576-2545.**
2. **Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.**
3. **Independent expenditures made for municipal elections should be filed with the Municipal Clerk.**