## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert Hosemann SECRETARY OF STATE
FILED PIKE COUNTY, MISS.
JUL 0 9 2015

	Name of Candidate John Talbert Andrews	JUK 0 9 201
	Address 3180 River Ridge Rd County Pike	WIN ROGER A COURT
	**C-11	- BY CIRCUIT CLERK
	Telephone (Work) 601 - 684 - 2941 (Heme) 601 - 810 - 9500(Fax)	1
	Contact Name John Andrews Email Address andrews ine	tals@yahoo,co,
(	Office Sought Supervisor Dist. 3 Political Party Republic	
	Check here if above is different from previous report	
	<u>TYPE OF REPORT</u> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	••
-	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	
	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	
	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	
	All Prin	nary Candidates and Political Committees
_	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only Political Committees in a Runoff Election
	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	
	October 27, 2015 Pre-Election Report	Mandatory
	(Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	All Candidates and Political Committees
-	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	
	January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)	
_	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no	•
_	outstanding campaign debt obligation)	Required to terminate reporting obligations
	IMPORTANT	
(1)	Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.	candidate shall submit a report
(2)	Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with and (Iii).	Miss, Code Ann, § 23-15-807 (b) (ii)
(3)	The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before acceptable.	deadline falls on a weekend or a the deadline. Faxed reports are
	REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
,	Change Itemized + Non-Itemized This Period	Calendar
	tal amount of contributions \$ -0- +\$ -0- \$ -0-	year-to-date
		1001.20
	tal amount of disbursements \$ -0 - +\$ - 0 - \$ - 0 -	\$ 1609.28
Tot	tal amount of cash on hand \$ _ 0 _	
	I certify that have examined this report and to the best of my knowledge and belief it is true, ac	•
	Sithature of Contribute Date	-15
Aut	World: Refer to Miss. Code Ann. 623-15-801 (1972) et. sed. for statutory requirements.	
Pele	afties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to s of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).	submit valid reports shall result in
SEN	ND TO: 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return for	m to Sacratani of State 5
	Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545  2. Candidates for Countywide and County-District offices should return forms to their County Circuit	

3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee	John	Andrew	ی
Reporting period June /	O In throt	1gh July	Tal
ITE	EMIZE	D RECI	EIPTS

A Source: Corporation PAC Individual Loan Cother (please specify)  Mailing Address  City, State, Zip Code  City, S		
Mailing Address  City, State, Zip Code  City,		
City, State, Zip Code		\$ 0
Name of Employer (Required)    Coccupation (Required)	Mailing Address	\$ [
Oscupation (Required)  B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, State, Zip Code  Cother (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, State, Zip Code  Cother (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, State, Zip Code  Cother (please specify)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, State, Zip Code  Cother (please specify)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  City, State, Zip Code  Cother (please specify)  Coupation (Required)  Coupation (Required)  Cother (please specify)  Cother (please speci	City, State, Zip Code	\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period PAC City, State, Zip Code		\$ [
Other (please specify)  Mailing Address	Occupation (Required)	\$ 0
Mailing Address	The state of the s	receipt
City, State, Zip Code	Full name	\$
Name of Employer (Required)	Mailing Address	\$
Aggregate year-to-date C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. Source   Corporation   PAC   Individual   Coan   Date (Mo., Day, Year)   C. So	City, State, Zip Code	\$
C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   This perio	Name of Employer (Required)	\$
Other (please specify)  Other (please specify)  Address  If y State, Zip Code  If y State, Zip Code  Aggregate year-to-date Other (please specify)  Amount of each receipt this period  If y State, Zip Code		\$
Mailing Address		 receipt
Sity, State, Zip Code	ull name	\$
lame of Employer (Required)	failing Address	\$
Aggregate year-to-date  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify) \$	ity, State, Zip Code	\$
year-to-date  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify) \$	ame of Employer (Required)	\$
Other (please specify)  Other (please specify)  Ill name  I	ccupation (Required)	\$
ailing Address  Iv, State, Zip Code  Image of Employer (Required)  Image of Employer (Required)  Aggregate \$	P	receipt
ty, State, Zip Code	ill name	\$
ime of Employer (Required)   //	ailing Addross	\$
cupation (Required) Aggregate \$	ly, State, Zip Code	\$
	me of Employer (Required)	\$
	cupation (Required)	\$ [

Name of Candidate or Committee	John	Andrews	
Reporting period June	10 46	through July	1 SI

## ITEMIZED DISBURSEMENTS

A, 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	3
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	//	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
), Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
ity, State, Zip Code		\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
alling Address	//	\$
ity, State, Zip Code	//	\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	S
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ailing Address	'	\$
ty, State, Zip Code		\$
rpose of Disbursement (Optional)	Aggregate Year-to-date	\$