

Delbert Hosemann  
**SECRETARY OF STATE**  
**FILED**  
 PIKE COUNTY, MS  
**JUN 10 2015**  
 ROGER A. GRAVES  
 CIRCUIT CLERK

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2015 Election

Name of Candidate Gary Honea  
 Address 1048 Prentiss Ball Rd, Magnolia County Pike BY \_\_\_\_\_  
 Telephone (Work) 601-250-5687 (Home) 601-783-3490 (Fax) 601-250-5690  
 Contact Name Haren Crawford Email Address gary.honea@bellsouth.net  
 Office Sought Supervisor Dist. 5 Political Party Republican

Check here if above is different from previous report

**TYPE OF REPORT**

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... Mandatory
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory
- July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory
- 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) ..... Runoff Candidates Only  
All Candidates and Political Committees in a Runoff Election
- January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) ..... 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**

**IMPORTANT**

(1) Pre-Election 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 this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(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 deadline falls on a weekend or a 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. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized	+ Non-Itemized		This Period	Calendar year-to-date
Total amount of contributions \$	- 0 -	+ \$ - 0 -	\$	- 0 -	\$ - 0 -
Total amount of disbursements \$	- 0 -	+ \$ - 0 -	\$	- 0 -	\$ - 0 -
Total amount of cash on hand			\$	- 0 -	

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

Gary Honea Signature of Candidate Date 6-10-15

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections 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 Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee

Reporting period  through

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$