

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MISS.
MAY 07 2015
BY *[Signature]*
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Lance E. Honey
Address 1055 Honey Dr. County Pike
Telephone (Work) 601-743-4130 (Home) 601-341-4866 (Fax) _____
Contact Name Lance Honey Email Address lehoney@gmail.com
Office Sought Assessor 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 \$ | 1136.40 | 745.00 | \$ 1881.40 | \$ |
| Total amount of disbursements \$ | 1296.40 | 15.00 | \$ 1311.40 | \$ |
| Total amount of cash on hand | | | \$ 570.00 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
[Signature] _____ Date 5-7-15

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:

- 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 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 checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|--|
| Other (please specify) <input type="text"/> | | |
| Full name <u>Leone Howard</u> | <u>2</u> / <u>17</u> / <u>18</u> | \$ <u>1136.40</u> |
| Mailing Address <u>1055 Howard Dr.</u> | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code <u>Magalia, CA 96652</u> | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Name of Employer (Required) <u>Yuba County Assessor Office</u> | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Occupation (Required) <u>Chief Appraiser</u> | Aggregate year-to-date | \$ <u>1136.40</u> |
| 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"/> | | |
| Full name | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Name of Employer (Required) | <input type="text"/> / <input type="text"/> / <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"/> | | |
| Full name | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Name of Employer (Required) | <input type="text"/> / <input type="text"/> / <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"/> | | |
| Full name | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Mailing Address | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| City, State, Zip Code | <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> |
| Name of Employer (Required) | <input type="text"/> / <input type="text"/> / <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

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|--|
| <i>Datson M & Daniel</i> | <i>4/16/15</i> | \$ <i>160.00</i> |
| Mailing Address <i>8939 Jefferson Hwy Apt 1606</i> | <i>4/16/15</i> | \$ <i>160.00</i> |
| City, State, Zip Code <i>Baton Rouge LA 70809-2408</i> | <i>___/___/___</i> | \$ |
| Purpose of Disbursement (Optional) <i>Campaign Cards</i> | Aggregate Year-to-date | \$ <i>160.00</i> |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <i>Amazon.com</i> | <i>2/19/15</i> | \$ <i>116.01</i> |
| Mailing Address | <i>2/19/15</i> | \$ <i>116.01</i> |
| City, State, Zip Code | <i>___/___/___</i> | \$ |
| Purpose of Disbursement (Optional) <i>Card Paper</i> | Aggregate Year-to-date | \$ <i>116.01</i> |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <i>Victor's Tint & Graphics</i> | <i>2/17/15</i> | \$ <i>532.15</i> |
| Mailing Address <i>1090 Hwy 51 N</i> | <i>2/17/15</i> | \$ <i>532.15</i> |
| City, State, Zip Code <i>M^cComb, MS 39646</i> | <i>___/___/___</i> | \$ |
| Purpose of Disbursement (Optional) <i>Yard Signs</i> | Aggregate Year-to-date | \$ <i>532.15</i> |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <i>Enterprise Journal</i> | <i>3/27/15</i> | \$ <i>400.00</i> |
| Mailing Address <i>112 Oliver Emmerich Pl.</i> | <i>3/27/15</i> | \$ <i>400.00</i> |
| City, State, Zip Code <i>M^cComb, MS 39648</i> | <i>___/___/___</i> | \$ |
| Purpose of Disbursement (Optional) <i>Paper Ad</i> | Aggregate Year-to-date | \$ <i>400.00</i> |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <i>Vistaprint.com</i> | <i>3/11/15</i> | \$ <i>88.24</i> |
| Mailing Address | <i>3/11/15</i> | \$ <i>88.24</i> |
| City, State, Zip Code | <i>___/___/___</i> | \$ |
| Purpose of Disbursement (Optional) <i>Campaign Cards</i> | Aggregate Year-to-date | \$ <i>88.24</i> |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | <i>___/___/___</i> | \$ |
| Mailing Address | <i>___/___/___</i> | \$ |
| City, State, Zip Code | <i>___/___/___</i> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |