

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"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leone Howard</u>	<u>2 / 17 / 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, MS 39652</u>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>Witte 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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
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 & Combs, 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 & Combs, 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	\$