

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

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

Name of Candidate Lance E. Honea
Address 1055 Honea Dr. County Pike
Telephone (Work) 601-783-4130 (Home) 601-341-4866 (Fax) _____
Contact Name Lance Honea Email Address lehonea@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 ReportMandatory
(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 \$	1710.00	\$ 0.00	\$ 1710.00	\$ 3591.40
Total amount of disbursements \$	2280.00	\$ 0.00	\$ 2280.00	\$ 3591.40
Total amount of cash on hand			\$ 0.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Lance E. Honea
Signature of Candidate 6-10-15
Date

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 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>Wells INVESTMENTS LLC</u>	<u>5/19/15</u>	\$ <u>500.00</u>
Mailing Address <u>1076 Hwy 51598</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>SUMMIT, MS 39666</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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 <u>Wells INVESTMENT PROPERTY DBA THE SPACE PLACE</u>	<u>5/19/15</u>	\$ <u>500.00</u>
Mailing Address <u>1076 Hwy 51598</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>SUMMIT, MS 39666</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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) <u>CANDIDATE</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LANCE HONER</u>	<u>5/31/15</u>	\$ <u>720.00</u>
Mailing Address <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	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>Victor's Tint & Graphics</i>	<i>6/1/15</i>	\$ <i>700.00</i>
Mailing Address <i>1090 Hwy 51 N</i>		
City, State, Zip Code <i>McComb, MS 39646</i>	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional) <i>Sigars</i>	Aggregate Year-to-date	\$ <i>1232.15</i>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<i>Enterprise-Journal</i>	<i>5/17/15</i>	\$ <i>205.00</i>
Mailing Address <i>P.O. Box 2009</i>		
City, State, Zip Code <i>McComb, MS 39649</i>	<i>5/25/15</i>	\$ <i>1375.00</i>
Purpose of Disbursement (Optional) <i>Newspaper Ad</i>	Aggregate Year-to-date	\$ <i>1980.00</i>
C. 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	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$