

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

Delbert Hosemann  
SECRETARY OF STATE  
PIKE COUNTY, MISS.  
AUG 24 2015  
BY *[Signature]*  
ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate Lance E. Hovey  
Address 1055 Hovey Dr. County \_\_\_\_\_  
Telephone (Work) 601-783-4130 (Home) 601-341-4866 (Fax) \_\_\_\_\_  
Contact Name Lance Hovey Email Address lchovey@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) *All Candidates and Political Committees*  
(Independent Candidates report January 1, 2015 through October 24, 2015)
- \_\_\_ 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 \$ | 1245.00  | + | 1940.00      | \$ | 3185.00     | \$ | 8044.00               |
| Total amount of disbursements \$ | 3185     | + | \$           | \$ | 3185.00     | \$ | 8044                  |
| Total amount of cash on hand     |          |   |              | \$ |             |    |                       |

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

*[Signature]*  
Signature of Candidate

\_\_\_\_\_  
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:**

- 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 offices 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"/> | Date                   | Amount of each receipt  |
|---|------------------------|-------------------------|
| Other (please specify) <input type="text"/>   | (Mo., Day, Year)       | this period             |
| Full name   |                        |                         |
| <i>Sherlon Blue</i>   | <i>8/18/15</i>         | \$ <i>975.00</i>        |
| Mailing Address   |                        |                         |
| <i>2130 Outdale Rd</i>  | <input type="text"/>   | \$ <input type="text"/> |
| City, State, Zip Code   |                        |                         |
| <i>McComb MS 39648</i>  | <input type="text"/>   | \$ <input type="text"/> |
| Name of Employer (Required)   |                        |                         |
| <i>Pike County Chancery</i>   | <input type="text"/>   | \$ <input type="text"/> |
| Occupation (Required)   |                        |                         |
| <i>Clerk</i>  | Aggregate year-to-date | \$ <i>975.00</i>        |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date                   | Amount of each receipt  |
| Other (please specify) <input type="text"/>   | (Mo., Day, Year)       | this period             |
| Full name   |                        |                         |
| <i>Lance Honor</i>  | <input type="text"/>   | \$ <i>270.00</i>        |
| Mailing Address   |                        |                         |
| <i>1055 Honor Dr.</i>   | <input type="text"/>   | \$ <input type="text"/> |
| City, State, Zip Code   |                        |                         |
| <i>Magnolia MS 39652</i>  | <input type="text"/>   | \$ <input type="text"/> |
| Name of Employer (Required)   |                        |                         |
| <i>Pike County Assessors</i>  | <input type="text"/>   | \$ <input type="text"/> |
| Occupation (Required)   |                        |                         |
| <i>Chief Appraiser</i>  | 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"/> | Date                   | Amount of each receipt  |
| Other (please specify) <input type="text"/>   | (Mo., Day, Year)       | this period             |
| Full name   |                        |                         |
| Mailing Address   |                        |                         |
| City, State, Zip Code   |                        |                         |
| Name of Employer (Required)   |                        |                         |
| Occupation (Required)   |                        |                         |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date                   | Amount of each receipt  |
| Other (please specify) <input type="text"/>   | (Mo., Day, Year)       | this period             |
| Full name   |                        |                         |
| Mailing Address   |                        |                         |
| City, State, Zip Code   |                        |                         |
| Name of Employer (Required)   |                        |                         |
| Occupation (Required)   |                        |                         |
| Aggregate year-to-date  |                        | \$ <input type="text"/> |

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

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

## ITEMIZED DISBURSEMENTS

| A. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
|---|---------------------------|--|
| <i>McComb Printing</i>                                    | <i>8/14/15</i>            | \$ <i>1900.00</i>                          |
| Mailing Address<br><i>210 Broadways</i>                   |                           |  |
| City, State, Zip Code<br><i>McComb MS 39648</i>           | <i>__/__/__</i>           | \$   |
| Purpose of Disbursement (Optional)<br><i>Mail Cards</i>   | Aggregate<br>Year-to-date | \$   |
| B. Full name<br><i>Enterprise Journal</i>                 | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><i>112 Oliver Emmanuel Dr.</i>         | <i>8/18/15</i>            | \$ <i>1400.00</i>                          |
| City, State, Zip Code<br><i>McComb MS 39648</i>           | <i>__/__/__</i>           | \$   |
| Purpose of Disbursement (Optional)<br><i>Paper Ad</i>     | Aggregate<br>Year-to-date | \$   |
| C. Full name<br><i>Daily Fax</i>                          | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address   | <i>__/__/__</i>           | \$ <i>20.00</i>                            |
| City, State, Zip Code                                     | <i>__/__/__</i>           | \$   |
| Purpose of Disbursement (Optional)<br><i>Fax Ad</i>       | Aggregate<br>Year-to-date | \$   |
| D. Full name<br><i>Pike County</i>                        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><i>200 East Bay St.</i>                | <i>8/10/15</i>            | \$ <i>65.00</i>                            |
| City, State, Zip Code<br><i>Magnolia MS 39652</i>         | <i>__/__/__</i>           | \$   |
| Purpose of Disbursement (Optional)<br><i>Mailing list</i> | Aggregate<br>Year-to-date | \$   |
| E. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address   | <i>__/__/__</i>           | \$   |
| City, State, Zip Code                                     | <i>__/__/__</i>           | \$   |
| Purpose of Disbursement (Optional)                        | Aggregate<br>Year-to-date | \$   |
| F. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address   | <i>__/__/__</i>           | \$   |
| City, State, Zip Code                                     | <i>__/__/__</i>           | \$   |
| Purpose of Disbursement (Optional)                        | Aggregate<br>Year-to-date | \$   |