Delbert Hosemann

		SECRETARY OF STATE
	Candidate	lone of the same o
REPORT C	OF RECEIPTS AND DISBURSEMENT	FIKE COUPT'S, ING
	2ρ15 Election	HILL . a come
Kobert M	cNath 100	JUN 10 20%
Name of Candidate 1000 7 /V	THURST ASS	747 ROGER AL GRAVIAS
Address 2030 Dykes Willh	all Co. Kd. M. County Pike	BY CIRCUIT CLERK
Telephone (Work 00 - 8 10 - 1336	(Home) <i>U0 -783-5893</i> (Fax)	0
Contact Name	Email Address Montanahill	2030 Oyahoo.com
Office Sought Sheritt	Political Party Republicar	
Check here if above is different from	previous report	
May 8, 2015 Periodic Report (January 1, 2	<u>TYPE OF REPORT</u> 2015, through April 30, 2015)	Mandatory
X June 10, 2015 Periodic Report (May 1, 20	015, through May 31, 2015)	Mandatory
<b>,</b> -	015, through June 30, 2015)	
July 28, 2015 Pre-Election Report (July 1,	, 2015, through July 25, 2015)	
August 18, 2015 Pre-Election Report (July	y 26, 2015, through August 15, 2015)	-
	•	ates and Political Committees in a Runoff Election
	2015, through September 30, 2015)	•
(Primary Election Winners report October 1, 2		Mandatory All Candidates and Political Committees
(Independent Candidates report January 1, 20	o is through October 24, 20 is)	
	October 25, 2015, through November 14, 2015)	Runoff Candidates Only tes and Political Committees in a Runoff Election
November 17, 2015 Pre-Runoff Report (C	October 25, 2015, through November 14, 2015)	ites and Political Committees in a Runoff Election
November 17, 2015 Pre-Runoff Report (C	October 25, 2015, through November 14, 2015)  All Candida r 1, 2015, through December 31, 2015)	ites and Political Committees in a Runoff Election
November 17, 2015 Pre-Runoff Report (CJanuary 8, 2015 Periodic Report (OctoberTermination Report (Candidate will no longer outstanding campaign del	October 25, 2015, through November 14, 2015)  All Candida r 1, 2015, through December 31, 2015)	as no Required to terminate reporting obligations
November 17, 2015 Pre-Runoff Report (OctoberJanuary 8, 2015 Periodic Report (OctoberTermination Report (Candidate will no longer outstanding campaign del  (1) Pre-Election reports are mandatory, even if no content of the conten	October 25, 2015, through November 14, 2015)  All Candida r 1, 2015, through December 31, 2015)	as no Required to terminate reporting obligations
November 17, 2015 Pre-Runoff Report (October	October 25, 2015, through November 14, 2015)  All Candida r 1, 2015, through December 31, 2015)	ase, the candidate shall submit a report
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November 17, 2015 Pre-Runoff Report (October	October 25, 2015, through November 14, 2015)	as no Required to terminate reporting obligations  Required to terminate reporting obligations  Required to terminate report obligations
November 17, 2015 Pre-Runoff Report (October	October 25, 2015, through November 14, 2015)	as no Required to terminate reporting obligations  Required to terminate reporting obligations  Required to terminate report obligations  Required to termin
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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 R	obert Mc	Vabb	
Reporting period		through	5-31-15	-
	İTEM	MZFD F	RECEIE	YTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name, Bobby Wawn	15 I.IS	\$ 200,00
Mailing Address 3		\$
City, State, Zip Code  MCComb MS 39648		\$
Name of Employer (Required)		\$
Mobile Home Dealership	Aggregate year–to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	<u> </u>	\$
Name of Employer (Required) Occupation (Required)	Aggregate year-to-date	\$
		•
Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	year-to-date Date	\$ Amount of each receipt
Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	year-to-date Date	Amount of each receipt this period
Occupation (Required)  D. Source: Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt this period
Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	year-to-date Date	Amount of each receipt this period  \$ [

Name of Candidate or Committee Robert M Wabb

Reporting period 5-1-15 through 5-31-15

## ITEMIZED DISBURSEMENTS

Screen Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
2147 Hahway 48 W	5,2715	\$ 96.13
City, State, Zip Code MS 39648	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 96.13
McComb Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Méjling Address 1-0.150 x 805	5/12/15	s 207.60
Mc Comb MS 39648	//	s
Purpose of Disbursement (Optional)  Canacian Cards	Aggregate Year-to-date	\$ 207.60
C. Full name \ \ J	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$