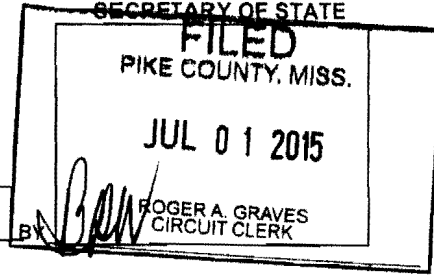


Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Robert McNabb
 Address 2030 Dukes Walthall Co. Rd. McComb, MS 39048 County Pike
 Telephone (Work) 601-810-1336 (Home) 601-783-5893 (Fax) —
 Contact Name _____ Email Address montanahill2030@yahoo.com
 Office Sought Sheriff 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) 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 \$	2,700	+	\$	\$	1,100.00	\$	3,800.00
Total amount of disbursements \$	10,059.59	+	\$	\$	1,142.27	\$	11,201.86
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 of Candidate Robert McNabb

Date 7/1/15

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:

- 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 office should return forms to the Municipal Clerk

Name of Candidate or Committee Robert McNabb
 Reporting period 6-1-15 through 6-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Cecil Hall</u>	<u>6/14/15</u>	\$ <u>500.00</u>
Mailing Address <u>9073 Silver Drive</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Tylertown, MS 39667</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</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) _____		
Full name <u>Bon Rushing</u>	<u>6/19/15</u>	\$ <u>600.00</u>
Mailing Address <u>1086 Park Place</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) <u>real estate developer</u>	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>600.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Robert McNabb
 Reporting period June 1, 2015 through June 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Screen Graphics	6/2/15	\$ 192.27
Mailing Address 2147 Highway 48 W		
City, State, Zip Code McComb MS 39648	__/__/__	\$
Purpose of Disbursement (Optional) magnetic signs	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Advertising	6/5/15	\$ 950. ⁰⁰
Mailing Address P.O. Box 96030		
City, State, Zip Code Baton Rouge LA 70896	__/__/__	\$
Purpose of Disbursement (Optional) billboard + posters	Aggregate Year-to-date	\$
C. 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	\$
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	\$
E. 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	\$
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	\$