

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Delbert Hosemann
SECRETARY OF STATE
 PIKE COUNTY, MISS.
MAY 12 2015
 BY ROGER A. GRAVES
 CIRCUIT CLERK

Name of Candidate Aubrey Powell Rimes
 Address 1053 Magnolia Progress Road, McComb, MS 39648 County Pike
 Telephone (Work) 601-783-5333 (Home) 601-542-9770 (Fax) 601-542-5494
 Contact Name Aubrey Powell Rimes Email Address sharon.rimes@yahoo.com
 Office Sought Justice Court Judge, Southern District Political Party _____

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, 2016 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	\$ 1,250.00	+ \$ 750.00	\$ 2,000.00	\$ 2,000.00
Total amount of disbursements	\$ 1,452.88	+ \$	\$ 1,452.88	\$ 1,452.88
Total amount of cash on hand			\$ 547.12	

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 _____ Date May 8, 2015

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 Aubrey Powell Rimes
 Reporting period 01-01-2015 through 04-30-2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Wall Timber Company</u>	<u>3</u> / <u>10</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4037 Highway 584 West</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Osyka, MS 39657</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Samuel Pierce</u>	<u>3</u> / <u>20</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4121 Hwy 575</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Magnolia, MS 39652</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Sam Pierce Consulting - Self-employed</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Consultant</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Linwood Liner, Sr.</u>	<u>3</u> / <u>25</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>1300 Honduras Street</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Houma, LA 70360</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. 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 _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Aubrey Powell Rimes
 Reporting period 01-01-2015 through 04-30-2015

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
<u>Stewart Signs & Screen Graphics</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>2/4/15</u>	<u>\$ 914.85</u>
<u>2109 Highway 48 West</u>		
City, State, Zip Code	<u>—/—/—</u>	\$
<u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
B. Full name	Date	Amount of each
<u>Enterprise Journal</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>3/30/15</u>	<u>\$ 400.00</u>
<u>P.O. Box 2009</u>		
City, State, Zip Code	<u>4/2/15</u>	<u>\$ 138.03</u>
<u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	<u>\$ 538.03</u>
C. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
D. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
E. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
F. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	