

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Delbert Hosemann
SECRETARY OF STATE
 PIKE COUNTY, MISS.
 OCT 27 2015
 BY *[Signature]*
 ROGER A. GRAVES
 CIRCUIT CLERK

Name of Candidate Aubrey Powell Rimes
 Address 1053 Magnolia Progress Rd., McComb, MS 39648 County Pike
 Telephone (Work) 601-783-5333 (Home) 601-542-5780 (Fax) _____
 Contact Name Aubrey Powell Rimes Email Address sharon.rimes@yahoo.com
 Office Sought Justice Court Judge, Southern District Political Party Independent

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)
(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, 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	\$ 1,740.00	+	\$ 3,067.00	\$ 4,807.00	\$ 4,807.00
Total amount of disbursements	\$ 4,694.54	+	\$ 56.20	\$ 4,750.74	\$ 4,750.74
Total amount of cash on hand				\$ 56.26	

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

October 27, 2015

 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 office should return forms to the Municipal Clerk

Name of Candidate or Committee Aubrey Powell RimesReporting period January 1, 2015 through October 27, 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wall Timber Company</u>	<u>03</u> / <u>10</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4037 Highway 584 West</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Osyka, Mississippi 39657</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Samuel Pierce</u>	<u>03</u> / <u>20</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4121 Highway 575</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Magnolia, Mississippi 39652</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Sam Pierce Consulting - self-employed</u>	____ / ____ / ____	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Linwood Liner, Sr.</u>	<u>03</u> / <u>25</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>1300 Honduras Street</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Houma, Louisiana 70360</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Retired</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Aubrey P. Rimes</u>	<u>10</u> / <u>23</u> / <u>15</u>	\$ <u>490.00</u>
Mailing Address <u>1053 Magnolia Progress Road</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, Mississippi 39648</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Pike County, Mississippi</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Justice Court Judge, Southern District of Mississippi</u>	Aggregate year-to-date	\$ <u>490.00</u>

Name of Candidate or Committee Aubrey Powell RimesReporting period January 1, 2015 through October 24, 2015

ITEMIZED DISBURSEMENTS

A. Full name Stewart Signs & Screen Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2109 Highway 48 West	02 / 04 / 15	\$ 914.85
City, State, Zip Code McComb, Mississippi 39648	05 / 13 / 15	\$ 128.19
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Stewart Signs & Screen Graphics (continued)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2109 Highway 48 West	07 / 24 / 15	\$ 433.35
City, State, Zip Code McComb, Mississippi 39648	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,476.39
C. Full name Enterprise Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2009	03 / 30 / 15	\$ 400.00
City, State, Zip Code McComb, Mississippi 39649	04 / 02 / 15	\$ 138.03
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name Enterprise Journal (continued)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2009	08 / 14 / 15	\$ 171.20
City, State, Zip Code McComb, Mississippi 39649	09 / 11 / 15	\$ 113.42
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name Enterprise Journal (continued)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2009	10 / 01 / 15	\$ 248.24
City, State, Zip Code McComb, Mississippi 39649	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,070.89
F. Full name 4Sunz Sports & Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 105 Main Avenue South	05 / 10 / 15	\$ 670.62
City, State, Zip Code Magee, Mississippi 39111	06 / 29 / 15	\$ 204.64
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 875.26

Name of Candidate or Committee Aubrey P. Rimes
 Reporting period January 1, 2015 through October 24, 2015

ITEMIZED DISBURSEMENTS

A. Full name Southwest Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 North Front Street	09 / 11 / 15	\$ 300.00
City, State, Zip Code McComb, Mississippi 39648	10 / 22 / 15	\$ 252.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Southwest Broadcasting (continued)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 North Front Street	10 / 14 / 15	\$ 720.00
City, State, Zip Code McComb, Mississippi 39648	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,272.00
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	\$