2015 ELECTION CYCLE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann
	SECRETARY OF STATE
	PIKE COUNTY, MS
	JUL 10 20/5
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15	Annual Control of the

Name of Candidate Johnny O. Scott Address 4190 Muddy Springs Rd County (Home) 601-783-5536 (Fax) 601-894-9080 Telephone (Work) 601-894-5040 Email Address johnny_o_scott@hotmail.com Contact Name Johnny Office Sought Circuit Clerk Political Party Democratic Check here if above is different from previous report TYPE OF REPORT June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015).......Mandatory All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election October 27, 2015 Pre-Election Report (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) All Candidates and Political Committees in a Runoff Election _Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no Required to terminate outstanding campaign debt obligation) reporting obligations IMPORTANT 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. 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). 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 CONTRIBUTI	ONS AND DISBURSEMENTS	
Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 250.00	+\$ 270.00	\$ 520.00	\$ 2944.57
Total amount of disbursements \$752.45	+ \$ 356.61	\$1109.06	\$ 2396.34
Total amount of cash on hand	a ()	\$ 661.81	
I certify that I have examined the	sreport and to the best of fry	knowledge and belief it is true, acet	

Authority: Refer to Miss. Code Ann. §28-15-801 (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

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Reporting period June 1, 2015

through June 30, 2015

ITEMIZED DISBURSEMENTS

Johnny O. Scott

A. Full name		
ABC Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(, 52,), (,	
5851 LaRue Steiner Rd	6 / 15 / 15	\$ 752.45
City, State, Zip Code		
Theodore, AL 36582	//	\$
Purpose of Disbursement (Optional)	Aggregate	\$ 752.45
Purchace campaign signs	Year-to-date	3 /32.43
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. 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	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	s
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	//	s
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Name of Candidate or Committee	Johnny O. Scott	
Reporting period June 1, 2015	through	June 30, 2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Karen Bryant-Luckett, DDS	06 / 06 / 15	\$ 250.00
Mailing Address		
1121 Delaware Ave	<u> </u>	\$
City, State, Zip Code		
McComb, Ms 396	<u> </u>	\$
Name of Employer (Required)		\$
şelf-Employed		3
Occupation (Required) Dentist	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	this period
Full name		\$
Mailing Address	「二、「二、「	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
	year-to-date	· ·
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
purchase or some many statement of the second of the secon	Date	receipt
Other (please specify)	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date	receipt this period \$ \[\] \$ \[\]
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period \$ \[\] \$ \[\] \$ \[\]
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	receipt this period \$
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