B ELECTION CYCLE			Delbert Hosemann
	Candidat	a	SECRETARY OF STATE PIKE COUNTY, MISS.
REPORT	FOF RECEIPTS AND	=	PIRE GODIVIT, WISS.
` ` . `	↑ 2015 Elec	tion ,	JUL 2 8 2015
Name of Candidate 1	Dre Historia	Shandy	ROGER A. GRAVES CIRCUIT CLERK
Address POBOX HED MEC	10mh 1115 39649		BY
Telephone (Work) 101-684-7030)(Home)	(Fex) (001-68L	1.5251
Contact Name Dre	Email Addre	. Shandy lawyer	@ gmail.com
Office Sought Tristice Court Tudge	Souther Political Party_	ا دا و سسر	
Check here if above is different fi	rom previous report	1	
	TYPE OF	REPORT	Manuelatama
May 8, 2015 Periodic Report (January			
June 10, 2015 Periodic Report (May 1			
July 28, 2016 Pre-Election Report (June 1	-		
July 28, 2018 Pre-Election Report (July	ily 1, 2015, mrough July 25, 201	All Prin	nery Candidates and Political Committees
August 18, 2016 Pre-Election Report	(July 26, 2015, through August		Runoff Candidates Only Political Committees in a Runoff Election
October 9, 2015 Periodic Report (July	1, 2015, through September 3	0, 2015)	Mendatory
October 27, 2015 Pre-Election Report (Primary Election Winners report Octobe (Independent Candidates report January	r 1, 2015, through October 24, 2015	5)	
November 17, 2015 Pre-Runoff Repo	rt (October 25, 2015, through N		
January 8, 2016 Periodic Report (Oct	oher 1 2015 through Denemb		Political Committees in a Runoff Election
•			
Termination Report (Candidate will no to outstanding campaig		ampeign expenditures and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even if	MPORTA		
(1) Pre-Election reports are mandatory, even if indicating "0" (Zero) for total amount of re	to commonions or expending the common of the	e nave occurred. In auch case, the tures during this period.	candidate snesi submit a report
(2) Until a Candidate files a Termination Report	rt, annual and periodic reports mi	ust 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 re	coint of the required reports by E	:80 p.m. on the reporting day. If th	na daadiina falla on a waaband or s
holiday, the office must be in actual receip acceptable.			
	REPORTED CONTRIBUTION	ONS AND DISBURSEMENTS	
Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	** M000 %	\$	* 11.000.00
Total amount of disbursements	· A78750	\$	• 951849
Total amount of cash on hand	<u> </u>	: 1471.51	
I sprtify that I have accommonded	is report and to the best of my	imowledge and halled it is true	
	Vindy	<u> </u>	8.10
Signature of Candidate		Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (18) Penalties: Failure to aubmit required reports, or fail	raj yn seg, tor statutory requiremen kyn to automit maarta la accordanc	s with statutory deadlines, or failure	to submit valid reports shall result in
STATE OF SEA DEL OR'S BUILDED DE DESCRIPTION US SECRETARIA	nce with Miss. Code Ann. 45 23-15-1	l11 and 813 (1972).	
SEND YO:	nce with Miss. Gode Ann. §§ 23-15-		
SEND YO:	nce with Miss. Gode Ann. §§ 23-15-1 District, Mutti-County and all Le , MS 39205 or fax to (601) 576-2	igiziative offices should return fi 545	orm to Secretary of State, Elections

2015-07-28 13:32 SHANDY	6016845251 >>	6017836322	P 3/4 Page of
Name of Candidate or Committee	Delilah " De"	Hltord St	randy.
Reporting period July 1, 2	XC15through	July 25, 2013	5

ITEMIZED DISBURSEMENTS

Stewart Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
A109 Hay 48 West	_/_/_	s 2530.°°
City, State, Zip Code MS 39648	//_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Signs II, Full name	Date	Amount of each
Stewart Digns Mailing Address	(Mo., Day, Year)	s 01. M 50
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate	s
C. Full name	Year-to-date Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code		
	'	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Dzy, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Fult 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
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//_	S
City, State, Zip Code	//_	s
Purpose of Diebursement (Optional)	Aggregate Year-to-date	s

601	68	45	25	1	>>

ord Shandy Page 1 of 1 Name of Candidate or Committee Delia Reporting period _______ through July 25 3015 2012

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T	E	١	1	IZ	E	D	R	E	C	E	IP	T	S

A. Source: Gorporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ 3000,00
Mailing Address	匚,匚,匚	* 1 000 ° °
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Reduired)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	, <u> </u>	this period
Full (Rullie	<u> </u>	\$
Mailing 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)	ロ/ロ/ロ	\$
Occupation (Regulred)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	匚/匚/匚	8
City, State, Zip Code		\$
Name of Employer (Required)	匚,匚,匚	\$
Occupation (Required)	Aggregate year-to-date	\$