#### 2015 ELECTION CYCLE

### Candidate

## REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

**NCT 09 2015** awrence E. er A. Graves Telephone (Work) ACTE CABLEONE. NET Email Address LESTE **Contact Name** \_ Political Party\_ Office Sought Check here if above is different from previous report TYPE OF REPORT 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 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

- (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 fails 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	Calendar year-to-date		
Total amount of contributions	1350° + 1250°	1600.00	22,360.28
Total amount of disbursements	6983° + 165°	7048-58	20,542.46
Total amount of cash on hand	1817.82		

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

0-9-15 Date

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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

- 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 County-Wide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

**Delbert Hosemann** 

SECREJARY OF STATE

Pike County, MS

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Name of Candidate or Committee Laurence E. ("Dr. (arm) Stewart M.D.

Reporting period July 10, 2015 through October 9, 2015

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Mississipp: Medical PAC	911415	\$ 1500 %
Mailing Address II		
P.O. BOK 2548	<u> </u>	\$
City, State, Zip Code		
Ridgeland MS 3958		\$
Name of Employer (Required)		
Name of Employer (required)	<u>                                   </u>	\$
Occupation (Required)	Aggregate	A [45-24
·	year-to-date	\$ 15000
B. Source: Corporation PAC Individual (Loan)	B 4 -	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(MO., Day, 1841)	this period
Full name	101815	\$ 2000=
Lawrence E. Stewart MD	<u> </u>	W   2000 =
Malling Address	7/5/5	\$ 1500 =
405 Marian Avenue	14/12/12	4 1 13 00 2
City, State, Zip Code		_
McConlo MS 39648	<u> </u>	\$
Name of Employer (Required)		\$
Self		4
Occupation (Required)	Aggregate	\$ 55000
Physician	year-to-date	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	year-to-date	
C. Source Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)		
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)   Full name	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Olukule Ajagbe MD	Date	receipt
Other (please specify)  Full name  Oukuke Ajagle MD  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Oukuke Ajagbe MD  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Outcute Ajague MD  Mailing Address  212 Marian City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Outcure Ajague MD  Mailing Address  212 Marion  City, State, Zip Code  McComb MS 39648	Date (Mo., Day, Year)	receipt this period  \$ \frac{300}{20}
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Oulcule Ajagle MD   Malling Address    212 Marion   City, State, Zip Code    Macoul MS 39648   Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ \frac{300}{20}
Other (please specify)  Full name  Olukule Ajagle MD  Mailing Address  212 Marion City, State, Zip Code  McCoulb MS 39648  Name of Employer (Required)  SW MS Regard Medical Culty	Date (Mo., Day, Year)	receipt this period  \$ \frac{300}{20} \$ \$
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Oulcure Ajagle MD    Malling Address   212 Morton    City, State, Zip Code   McCoulb MS 39648    Name of Employer (Required)    Sum MS   Required   Medical California    Occupation (Required)   Medical Calif	Mo., Date (Mo., Day, Year)	receipt this period  \$ \frac{300}{20} \$ \$
Other (please specify)  Full name  Olukule Ajable MD  Mailing Address  212 Marion  City, State, Zip Code  McGould MS 39648  Name of Employer (Required)  SW MS Regard Medical Caller  Occupation (Required)	Mo., Date (Mo., Day, Year)  S / S / 5  / / /  Aggregate year-to-date	receipt this period  \$ \int 300 \infty \$ \int 300 \int 2
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Oulcure Ajagle MD    Malling Address   212 Morton    City, State, Zip Code   McCoulb MS 39648    Name of Employer (Required)    Sum MS   Required   Medical California    Occupation (Required)   Medical Calif	Mo., Date (Mo., Day, Year)  S / S / 5  / / /  / / /  Aggregate year-to-date  Date	s S
Other (please specify)  Full name  Olukule Ajable MD  Mailing Address  212 Marion  City, State, Zip Code  McGould MS 39648  Name of Employer (Required)  SW MS Regard Medical Caller  Occupation (Required)	Mo., Date (Mo., Day, Year)  S / S / 5  / / /  Aggregate year-to-date	receipt this period  \$ \int 300 \infty \$ \int 300 \int 2
Other (please specify)  Full name  Olukule Ajagle MD  Mailing Address  212 Morton  City, State, Zip Code  McCould MS 39648  Name of Employer (Required)  Sulf Magain Medical California (Required)  Physician  O. Source: Corporation PAC Individual Loan  Other (please specify)	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	s Soo 22  \$ 300 22  Amount of each receipt this period
Other (please specify)  Full name  Olukule Ajagle MD  Mailing Address  212 Marion City, State, Zip Code  McCould MS 39648  Name of Employer (Required)  Sum MS Required Marion Coccupation (Required)  Physician  Other (please specify)  Full name  Ash Lad MD	Mo., Date (Mo., Day, Year)  S / S / 5  / / /  / / /  Aggregate year-to-date  Date	s  \$ 300 %  Amount of each receipt
Other (please specify)  Full name  Olukule Ajagle MD  Mailing Address  212 Morton  City, State, Zip Code  McCould MS 39648  Name of Employer (Required)  Sum MS Required MS Cocupation (Required)  Plantician  Other (please specify)  Full name  Ash Lod MS  Mailing Address	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	s 300 % Amount of each receipt this period  \$ 200%
Other (please specify)  Full name Oukule Airabe Mailing Address  212 Marion City, State, Zip Code  Macomb MS 39648  Name of Employer (Required)  Occupation (Required)  PAC Individual Loan  Other (please specify)  Full name  Ash Liad 10  Mailing Address	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	s Soo 22  \$ 300 22  Amount of each receipt this period
Other (please specify)  Full name  Olukule Ajagle MD  Mailing Address  212 Morton  City, State, Zip Code  McCould MS 39648  Name of Employer (Required)  Sum Mailing (Required)  Plusician  Other (please specify)  Full name  Ash Lod MD  Mailing Address  Delange Meaue  City, State, Zip Code	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	s 300 %  \$ 300 %  \$ 300 %  \$ 200 %  \$ 200 %
Other (please specify)  Full name Olukule Ajagbe MD  Malling Address  212 Marian City, State, Zip Code  Maccould MS 39648  Name of Employer (Required)  Gocupation (Required)  PAC Individual Loan  Other (please specify)  Full name  Ash Lad MD  Malling Address  Delaware frame  City, State, Zip Code  McCould MS 37648	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	s 300 % Amount of each receipt this period  \$ 200%
Other (please specify)  Full name  Outure Ajague  Mailing Address  212 Marton  City, State, Zip Code  McCould Mayour (Required)  Support (Required)  Coccupation (Required)  Other (please specify)  Full name  Ash Arad Mailing Address  Delange Measure  City, State, Zip Code  Marting Address  Delange Measure  City, State, Zip Code	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	s 300 %  \$ 300 %  \$ 300 %  \$ 200 %  \$ 200 %
Other (please specify)  Full name  Olukule Ajagbe  Malling Address  212 Marian  City, State, Zip Code  McCould MS 39678  Name of Employer (Required)  Chysician  Other (please specify)  Full name  Ath Lad M  Malling Address  Delange Mean  City, State, Zip Code  Marian  Other (please specify)  Malling Address  Delange Mean  City, State, Zip Code  Marian  Malling Address  Delange Mean  City, State, Zip Code  Marian  Mame of Employer (Required)  Saff	Mo., Date (Mo., Day, Year)	receipt this period  \$ 500 =   \$ 500 =   \$ 500 =   \$ 72  Amount of each receipt this period  \$ 7200 =   \$ 7200 =   \$ 7300 =   \$ 7200 =   \$ 7300
Other (please specify)  Full name  Outure Ajague  Mailing Address  212 Marton  City, State, Zip Code  McCould Mayour (Required)  Support (Required)  Coccupation (Required)  Other (please specify)  Full name  Ash Arad Mailing Address  Delange Measure  City, State, Zip Code  Marting Address  Delange Measure  City, State, Zip Code	Mo., Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \frac{300}{20} \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \frac{200}{20} \$ \$

Name of Candidate or Committee Lawrence E-("Dilarry") Stewart MD	Page 2 of 3
Reporting period July 10, 295 through Cofeber 9, 2015	
ITEMIZED RECEIPTS	

A. Source: Corporation PAC (Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		tuis barion
Hela Clayton Malling Address	<u>                                      </u>	\$ 30000
1088 Hanthone Drive		\$
City, State, Zip Code		
McCarb MS 39619	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$ 3000
B. Source: Corporation PAC Individual Loan	702. 10 42.0	A
Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name		
Antonotte Hubble MD	01815	\$ 250%
Described D.		\$
City, State, Zip Code Summer HS	口,口,口	\$
Name of Employer (Required)		
McComb Children's Clinic	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 2500
1 100316100	year-to-uate	
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC thidividual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Mark Hollingworth	Date	receipt this period
Other (please specify)  Full name  Mark Hollingsworth  Malling Address  1-0-Box 1906	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Malling Address  V-O. Box 1906  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 2502
Other (please specify)  Full name  Malling Address  1-0-Box 1706  City, State, Zip Code  MacComb MS 39648	Date (Mo., Day, Year)	receipt this period  \$ 2502 \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mark Hollingworth  Malling Address  1-0-Box 196  City, State, Zip Code  MacCowlo MS 39648  Name of Employer (Required)  Pater bi (f	Date (Mo., Day, Year)	receipt this period  \$ 2502
Other (please specify)  Full name  Malling Address  - O. Box 1706  City, State, Zip Code  Manual MS 39648  Name of Employer (Required)  Potential (Foundation (Required))	Date (Mo., Day, Year)	receipt this period  \$ 2502 \$
C. Source Corporation PAC Individual Loan  Other (please specify)  Full name  Mark Hollingworth  Malling Address  1-0-Box 906  City, State, Zip Code  MacComb MS 3968  Name of Employer (Required)  Pater b: (f  Occupation (Required)  Car delar + Truck deales	Mo., Date (Mo., Day, Year)  // / // / / /  / / /  Aggregate year-to-date	receipt this period  \$ 2502  \$    \$    \$    \$    \$    \$    \$    \$
Other (please specify)  Full name  Malling Address  - O. Box 1706  City, State, Zip Code  Manual MS 39648  Name of Employer (Required)  Potential (Foundation (Required))	Date (Mo., Day, Year)  \[ \begin{align*} ali	receipt this period  \$ 2502  \$
Other (please specify)  Full name  Malling Address  V.O. Box 1966  City, State, Zip Code  Macquis MS 3768  Name of Employer (Required)  Petarbi (f  Occupation (Required)  Cor dolor + Truck doolor  Other (please specify)  Full name ,	Mo., Date (Mo., Day, Year)  // / // / / /  / / /  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ 2502 \$  \$ Amount of each receipt this period
Other (please specify)  Full name  Making Address  1-0. Box 106  City, State, Zip Code  Macoulo MS 3968  Name of Employer (Required)  Patarbi (t  Occupation (Required)  Car dolar t Truck dealer  Other (please specify)  Full name  At Managura MD	Date (Mo., Day, Year)  \[ \bigcircle{N} / \bigcircle{N} / \bigcircle{N} \]  \[ / \bigcircle{N} / \bigcircle{N} \]  \[ / \bigcircle{N} / \bigcircle{N} / \bigcircle{N} \]  Aggregate year-to-date  Date	receipt this period  \$ 2502 \$ \$  Amount of each receipt
Other (please specify)  Full name  Mark Holingworth  Malling Address  L.O. Box 106  City, State, Zip Code  McCowlo MS 39648  Name of Employer (Required)  Peter b: (f  Occupation (Required)  Car dolar + Truck doals  Other (please specify)  Full name  At Momanum: MD  Mailing Address  105 Marray (Rouse)	Mo., Date (Mo., Day, Year)  // / // / / /  / / /  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ 2502 \$  \$ Amount of each receipt this period
Other (please specify)  Full name  Mark Hollingworth  Malling Address  I-O. Box 1906  City, State, Zip Code  Mame of Employer (Required)  Peterbi (f  Occupation (Required)  Car dolar t Truck doals  Other (please specify)  Full name  A is formance:  To Marian frame  City, State, Zip Code	Mo., Date (Mo., Day, Year)  // / // / / /  / / /  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ 2500 \$ \$  Amount of each receipt this period  \$ 25000
Other (please specify)  Full name  Mark Holivosworth  Malling Address  P.O. Box 1706  City, State, Zip Code  Mame of Employer (Required)  Peter bi (f  Occupation (Required)  Cor defer t Truck dealer  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  A To Homonum: MD  Mailing Address  LOS Martin frame  City, State, Zip Code  McComb 15 7649  Name of Employer (Required)	Mo., Date (Mo., Day, Year)  // / // / / /  / / /  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ 2500 \$  \$ Amount of each receipt this period  \$ 25000 \$ 250000 \$ 25000000000000000000000000000000000000
Other (please specify)  Full name  Mark Holling worth  Malling Address  1-0-Box 1706  City, State, Zip Code  Mame of Employer (Required)  Cocupation (Required)  Cor John Truk Joan  Other (please specify)  Full name  A [ Janay 4 ]  Malling Address  Los Martan Januar  City, State, Zip Code  McCanb 15 7648  Name of Employer (Required)	Mo., Date (Mo., Day, Year)  // / // / / /  / / /  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ 2502 \$ \$  \$ Amount of each receipt this period  \$ 2502 \$  \$ Amount of each receipt this period

		Page   3 of   3	
Name of Candidate or Committee Lawrence E. ("Dr. Lar	y")Stowath	D	
Reporting period July 10, 2015 through October 9, 2015			
' ITEMIZED RECEIPTS			
A. Source: Corporation PAC Individual Loan	<u> </u>	Amount of each	
A. Source:   Corporation   PAC   Intervidual   Coan	Date	receipt	
Other (please specify)	(Mo., Day, Year)	, this period	
Full name	16/18/12	\$ 250	
Jenitar Souders		¥ 1250	
Mailing Address		\$	
IOU N. Front St. City, State, Zip Code			
		\$	
McG-6 M5 39618 Name of Employer (Required)		,	
Receiver		\$	
Occupation (Required)	Aggregate		
financial Sales	year-to-date	\$ 520 ac	
B. Source: Corporation PAC (Individual Loan	Date	Amount of each	
	(Mo., Day, Year)	recelpt	
Other (please specify)	,,	this period	
Full name	10/8/15	\$ 25090	
Jay De Sofo Malling Address		100	
		\$	
De our many			
City, State, Zip Code		\$	
McCoulo MS 39648 Name of Employer (Required)			
Rainbou Christer - Dodge		\$	
Occupation (Required)	Aggregate		
Car sales	year-to-date	\$ 250%	
C. Source Corporation PAC Individual Loan	Dete	Amount of each	
Other (places and like)	Date (Mo., Day, Year)	recelpt	
Other (please specify)	(10101) 24), 1041)	this period	
Full name	6/8/15	\$ 30000	
Kalart Van Udan HD Mailing Address			
/Coc  !	<u>                                     </u>	\$	
City, State, Zip Code			
Ma Comb MS 39698	<u> </u>	\$	
Name of Employer (Required)			
5W Confer for Orthopalics and Spirits	//	\$	
Occupation (Required)	Aggregate	\$ 3000	
Physician BAG White I To the E	year-to-date		
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt	
Other (please specify)	(Mo., Day, Year)	this period	
Full name			
	<u>                                     </u>	\$	
Mailing Address		\$	
		¥	
City, State, Zip Code		\$	
Name of Employer (Required)			
,	<u> </u>	\$	
Occupation (Required)	Aggregate	\$	
	year-to-date	ı	

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age <sup>3</sup>		of	

Name of Candidate or Co	mmittee Lawrence	E. ("Dr. Larry"	Stewart, MD
Reporting period July		through Octobe	

# ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Graphics Etz.	(Mo., Daý, Year)	disbursement this period
Mailing Address Main Street	7/21/15	\$ 715.62
Mc Comb MS 39648	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2127.49
B. Full name  Enterprise - Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1	8,13,15	\$ 1400.00
City, State, Zip Code MS 39648	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full pame Hilaprison Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address De laware Avone	98/11/5	s 135.46
City, State, Zip Code  BMc Comb MS 29678	10/7/15	s (60.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 720.22
D. Full name SuperTalk Radie	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Delance Avenue	10,1,15	\$ 1794.60
City, State, Zip Code McCould MS 39648	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1794. ∞
E. Full name Southwest Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Front Street	10/8/15	\$ 2778.00
Front Street City, State, Zip Code McCould MS 39648	<u>(0)</u> <u>8</u> / <u>15</u>	\$ 2778.00
City, State, Zip Code  McCould MS 396 (8)  Purpose of Disbursement (Optional)  radio ads		
City, State, Zip Code  McConlo MS 39648  Purpose of Disbursement (Optional)  rad of ads  F. Full name	Aggregate	\$
City, State, Zip Code  McCould MS 396 (8)  Purpose of Disbursement (Optional)  radio ads	Aggregate Year-to-date Date	\$ \$ 2.778. ∞ Amount of each
City, State, Zip Code  McCould MS 39648  Purpose of Disbursement (Optional)  radio ads  F. Full name	Aggregate Year-to-date Date	\$ 2.778. \( \infty \)  Amount of each disbursement this period