

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
Pike County, MS
OCT 09 2015
By *[Signature]*
Roger A. Graves
Circuit Clerk

Name of Candidate Lawrence E. ("Dr. Larry") Stewart, MD
Address 405 Marion Ave., McComb MS 39648 county Pike
Telephone (Work) 601-684-1250 (Home) 601-80-3490 (Fax) 601-684-0129
Contact Name (same) Email Address LESTEWART@CABLEONE.NET
Office Sought Justice Court Judge Political Party Republican

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	\$ 7350 ⁰⁰	+\$ 250 ⁰⁰	\$ 7600.00	\$ 22,360.28
Total amount of disbursements	\$ 6983 ²⁰	+\$ 65 ⁰⁰	\$ 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.

Lawrence E. Stewart
Signature of Candidate

10-9-15
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 Lawrence E. ("Dr. Larry") Stewart, M.D.
 Reporting period July 10, 2015 through October 9, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>Mississippi Medical PAC</u>	<u>9/14/15</u>	\$ <u>1500⁰⁰</u>
Mailing Address <u>P.O. Box 2548</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland MS 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Lawrence E. Stewart MD</u>	<u>10/8/15</u>	\$ <u>2000⁰⁰</u>
Mailing Address <u>405 Marion Avenue</u>	<u>8/13/15</u>	\$ <u>1500⁰⁰</u>
City, State, Zip Code <u>McComb MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>5500⁰⁰</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) _____		
Full name <u>Olukunle Ajagbe MD</u>	<u>8/15/15</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>212 Marion</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>McComb MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SW MS Regional Medical Center</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Ash Reed MD</u>	<u>10/8/15</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>Delaware Avenue</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>McComb MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>700⁰⁰</u>

Name of Candidate or Committee Lawrence E. ("Larry") Stewart MDReporting period July 10, 2015 through October 9, 2015

ITEMIZED RECEIPTS

A. 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>Helen Clayton</u>	<u>10/8/15</u>	\$ <u>300.00</u>
Mailing Address <u>1088 Hawthorne Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>300.00</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>Antoinette Hubble MD</u>	<u>10/8/15</u>	\$ <u>250.00</u>
Mailing Address <u>Deerfield Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Sumner MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>McComb Children's Clinic</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>250.00</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>Mark Hallingsworth</u>	<u>10/8/15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1706</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Peterbilt</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Car dealer + Truck dealer</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Alicia Homayuni MD</u>	<u>10/8/15</u>	\$ <u>250.00</u>
Mailing Address <u>205 Murray Avenue</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>SW MS Regional Medical Center</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Lawrence E. ("Di-Larry") Stewart MD

Reporting period July 10, 2015 through October 9, 2015

ITEMIZED RECEIPTS

A. 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>Jennifer Sanders</u>	<u>10/8/15</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>104 N. Front St.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Receiver</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Financial Sabs</u>	Aggregate year-to-date	\$ <u>250⁰⁰</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>Jay DeSoto</u>	<u>10/8/15</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>Delaware Avenue</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Reimbur Chrysler-Dodge</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Car sales</u>	Aggregate year-to-date	\$ <u>250⁰⁰</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>Robert Van Uden, MD</u>	<u>10/8/15</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>1506 Astor Avenue</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SW Center for Orthopedics and Sports</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Lawrence E. ("Dr. Larry") Stewart, MD
 Reporting period July 10, 2015 through October 9, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Graphics Etc.</u>	<u>7/21/15</u>	\$ <u>715.62</u>
Mailing Address <u>Main Street</u>		
City, State, Zip Code <u>McComb MS 39648</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Printing</u>	Aggregate Year-to-date	\$ <u>2127.49</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>8/13/15</u>	\$ <u>1400.00</u>
Mailing Address		
City, State, Zip Code <u>McComb MS 39648</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>newspaper ads</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hilgerson Printing</u>	<u>9/8/15</u>	\$ <u>135.46</u>
Mailing Address <u>Delaware Avenue</u>		
City, State, Zip Code <u>McComb MS 39648</u>	<u>10/7/15</u>	\$ <u>160.50</u>
Purpose of Disbursement (Optional) <u>Printing</u>	Aggregate Year-to-date	\$ <u>720.22</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SuperTalk Radio</u>	<u>10/1/15</u>	\$ <u>1794.00</u>
Mailing Address <u>Delaware Avenue</u>		
City, State, Zip Code <u>McComb MS 39648</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>radio ads</u>	Aggregate Year-to-date	\$ <u>1794.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southwest Broadcasting</u>	<u>10/8/15</u>	\$ <u>2778.00</u>
Mailing Address <u>Front Street</u>		
City, State, Zip Code <u>McComb MS 39648</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>radio ads</u>	Aggregate Year-to-date	\$ <u>2778.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$