

**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 <sup>00</sup>	+\$ 250 <sup>00</sup>	\$ 7600.00	\$ 22,360.28
Total amount of disbursements	\$ 6983 <sup>20</sup>	+\$ 65 <sup>00</sup>	\$ 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. ("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>Ale Hamayuni 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>250<sup>00</sup></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>250<sup>00</sup></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>250<sup>00</sup></u>
Mailing Address <u>Delaware Avenue</u>	□/□/□	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Reimbor Chrysler-Dodge</u>	□/□/□	\$ _____
Occupation (Required) <u>Car sales</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></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>300<sup>00</sup></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>300<sup>00</sup></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	\$