



Delbert Hosemann  
SECRETARY OF STATE

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election

Name of Candidate Lawrence E. ("Dr. Larry") Stewart, MD  
 Address 405 Marion Ave., McComb MS 39648 County Pike  
 Telephone (Work) 601-684-1250 (Home) 601-810-3490 (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

|   | <u>TYPE OF REPORT</u> |   |
|---|-----------------------|---|
| <u>Annual Report, 2014</u>  |                       |   |
| <u>May 9, 2015 Periodic Report (January 1, 2015, through April 30, 2015)</u>  |                       | Mandatory   |
| <u>June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)</u>  |                       | Mandatory   |
| <u>July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)</u>  |                       | Mandatory   |
| <u>July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)</u>  |                       | Mandatory   |
|   |                       | <i>All Primary Candidates and Political Committees</i>                      |
| <u>August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)</u>   |                       | Runoff Candidates Only  |
|   |                       | <i>All Primary Candidates and Political Committees in a Runoff Election</i> |
| <u>October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)</u>   |                       | Mandatory   |
| <u>October 27, 2015 Pre-Election Report</u>   |                       | Mandatory   |
| (Primary Election Winners report October 1, 2015, through October 24, 2015)   |                       | <i>All Candidates and Political Committees</i>                              |
| (Independent Candidates report January 1, 2015 through October 24, 2015)  |                       |   |
| <u>November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)</u>  |                       | Runoff Candidates Only  |
|   |                       | <i>All Candidates and Political Committees in a Runoff Election</i>         |
| <u>January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)</u>   |                       | Mandatory   |
| <u>Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)</u> |                       | 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 \$ | 8435.28  | + \$ 3725.00   | \$ 12,160.28 | \$ 12,160.28          |
| Total amount of disbursements \$ | 1167.51  | + \$ 509.58    | \$ 1,677.09  | \$ 1,677.09           |
| Total amount of cash on hand     |          |                | \$ 10,483.19 |                       |

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 Lawrence Stewart

Date 1-8-15

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, MD  
 Reporting period 1-1-14 through 12-31-14

## ITEMIZED DISBURSEMENTS

|   |                           |  |
|---|---------------------------|--|
| A. Full name<br><u>Cork &amp; Cask</u>          | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>Presly Boulevard</u>      | <u>9/27/14</u>            | \$ <u>378.51</u>                           |
| City, State, Zip Code<br><u>McComb MS 39648</u> | <u>  /  /  </u>           | \$   |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date | \$ <u>378.51</u>                           |
| B. Full name<br><u>Hilgerson Printing</u>       | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>P.O. Box 1109</u>         | <u>9/23/14</u>            | \$ <u>294.00</u>                           |
| City, State, Zip Code<br><u>McComb MS 39648</u> | <u>  /  /  </u>           | \$   |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date | \$ <u>294.00</u>                           |
| C. Full name<br><u>Image Maker Photography</u>  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>811 C Delaware Avenue</u> | <u>8/20/14</u>            | \$ <u>495.00</u>                           |
| City, State, Zip Code<br><u>McComb MS 39648</u> | <u>  /  /  </u>           | \$   |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date | \$ <u>495.00</u>                           |
| D. Full name                                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                 | <u>  /  /  </u>           | \$   |
| City, State, Zip Code                           | <u>  /  /  </u>           | \$   |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date | \$   |
| E. Full name                                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                 | <u>  /  /  </u>           | \$   |
| City, State, Zip Code                           | <u>  /  /  </u>           | \$   |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date | \$   |
| F. Full name                                    | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                 | <u>  /  /  </u>           | \$   |
| City, State, Zip Code                           | <u>  /  /  </u>           | \$   |
| Purpose of Disbursement (Optional)              | Aggregate<br>Year-to-date | \$   |

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

Reporting period 1-1-14 through 12-31-14

# ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|--|---------------------------|--|
| Full name<br><u>Victor Anazia</u>  | <u>10/1/14</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br><u>101 Cherokee Drive</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Name of Employer (Required)<br><u>Self</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Occupation (Required)<br><u>Physician</u>  | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Ron Craddock</u>   | <u>9/22/14</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br><u>1002 Hillshire</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Name of Employer (Required)<br><u>Craddock Oil Company</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Occupation (Required)<br><u>Merchant</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Becky Currie</u>   | <u>9/4/14</u>             | \$ <u>250.00</u>                         |
| Mailing Address<br><u>407 Oliver Drive</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| City, State, Zip Code<br><u>Brookhaven MS 39601</u>  | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Name of Employer (Required)<br><u>Mississippi House of Representatives</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Occupation (Required)<br><u>Representative</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Michael Faust</u>  | <u>10/1/14</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br><u>185 Cedar Ridge Drive</u>  | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Name of Employer (Required)<br><u>Faust &amp; Associates</u>   | [ ]/[ ]/[ ]               | \$ [ ]                                   |
| Occupation (Required)<br><u>Accountant</u>   | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |

Name of Candidate or Committee Lawrence E. ("Dr. Larry") Stewart MDReporting period 1-1-14 through 12-31-14

## ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|--|---------------------------|--|
| Full name<br><u>Dick Frohn</u>   | <u>10/1/14</u>            | \$ <u>500.00</u>                         |
| Mailing Address<br><u>111 Gay Street</u>   | □ / □ / □                 | \$ _____                                 |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | □ / □ / □                 | \$ _____                                 |
| Name of Employer (Required)<br><u>Frohn Insurance</u>  | □ / □ / □                 | \$ _____                                 |
| Occupation (Required)<br><u>Insurance agent</u>  | Aggregate<br>year-to-date | \$ <u>500.00</u>                         |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Lawrence Giles</u>   | <u>10/1/14</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br><u>1032 Smith Lane</u>  | □ / □ / □                 | \$ _____                                 |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | □ / □ / □                 | \$ _____                                 |
| Name of Employer (Required)<br><u>SW MS Regional Medical Center</u>  | □ / □ / □                 | \$ _____                                 |
| Occupation (Required)<br><u>Pharmacist</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Craig Haskins</u>  | <u>9/19/14</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br>_____   | □ / □ / □                 | \$ _____                                 |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | □ / □ / □                 | \$ _____                                 |
| Name of Employer (Required)<br><u>Self</u>   | □ / □ / □                 | \$ _____                                 |
| Occupation (Required)<br><u>Commercial Developer</u>   | Aggregate<br>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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Shane Hinckley</u>   | <u>10/1/14</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br><u>150 Marian Avenue</u>  | □ / □ / □                 | \$ _____                                 |
| City, State, Zip Code<br><u>McComb MS</u>  | □ / □ / □                 | \$ _____                                 |
| Name of Employer (Required)<br><u>Chiropractic Center</u>  | □ / □ / □                 | \$ _____                                 |
| Occupation (Required)<br><u>Chiropractor</u>   | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |

Name of Candidate or Committee Lawrence E. ("Dr. Larry") Stewart MDReporting period 1-1-14 through 12-31-14

## 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<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|--|-----------------------------------|--|
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Martin Howard</u>  |  | <u>10/1/14</u>                    | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>41 Thurston Lake Drive</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Columbus MS 39701</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Self</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Physician</u>  |  | Aggregate<br>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"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Robert O. "Bobby" Lenoir</u>   |  | <u>9/18/14</u>                    | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>3189 Humpy Lea Road</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Maguolia MS 39652</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Lenoir &amp; Associates</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Financial planner</u>  |  | Aggregate<br>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"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Eric Lewis</u>   |  | <u>10/1/14</u>                    | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>212 Rawls Drive</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>McComb MS 39648</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Self</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Oral Surgeon</u>   |  | Aggregate<br>year-to-date         | \$ <u>250<sup>00</sup></u>               |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Doug McCarlie</u>  |  | <u>10/1/14</u>                    | \$ <u>500<sup>00</sup></u>               |
| Mailing Address<br><u>P.O. Box 727</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Summit MS 39666</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Clark Construction</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Pilot</u>  |  | Aggregate<br>year-to-date         | \$ <u>500<sup>00</sup></u>               |

Name of Candidate or Committee Lawrence E. ("Dr. Larry") Stewart MD  
 Reporting period 1-1-14 through 12-31-14

## ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date<br>(Mo., Day, Year) | Amount of each receipt<br>this period |
|--|--------------------------|---------------------------------------|
| Other (please specify) _____   |                          |                                       |
| Full name<br><u>McComb Electric Supply / Richard Moore</u>   | <u>10 / 1 / 14</u>       | \$ <u>250<sup>00</sup></u>            |
| Mailing Address<br><u>904 Burke Avenue</u>   | □ / □ / □                | \$                                    |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | □ / □ / □                | \$                                    |
| Name of Employer (Required)<br><u>McComb Electric Supply</u>   | □ / □ / □                | \$                                    |
| Occupation (Required)<br><u>Electrical company</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) _____   |                          |                                       |
| Full name<br><u>Johnny &amp; Billie Nance</u>  | <u>10 / 20 / 14</u>      | \$ <u>250<sup>00</sup></u>            |
| Mailing Address<br><u>2318 Arrowhead Drive</u>   | □ / □ / □                | \$                                    |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | □ / □ / □                | \$                                    |
| Name of Employer (Required)<br><u>Edgewood Interiors</u>   | □ / □ / □                | \$                                    |
| Occupation (Required)<br><u>Interior designer</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) _____   |                          |                                       |
| Full name<br><u>A. N. Nichols</u>  | <u>11 / 7 / 14</u>       | \$ <u>250<sup>00</sup></u>            |
| Mailing Address<br><u>414 B Marion Avenue</u>  | □ / □ / □                | \$                                    |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | □ / □ / □                | \$                                    |
| Name of Employer (Required)<br><u>Self</u>   | □ / □ / □                | \$                                    |
| Occupation (Required)<br><u>Physician</u>  | Aggregate year-to-date   | \$ <u>250<sup>00</sup></u>            |
| D. 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<br><u>Donald E. Price</u>  | <u>10 / 1 / 14</u>       | \$ <u>250<sup>00</sup></u>            |
| Mailing Address<br><u>P.O. Box 789</u>   | □ / □ / □                | \$                                    |
| City, State, Zip Code<br><u>Summit MS 39666</u>  | □ / □ / □                | \$                                    |
| Name of Employer (Required)<br><u>Self</u>   | □ / □ / □                | \$                                    |
| Occupation (Required)<br><u>Dentist</u>  | Aggregate year-to-date   | \$ <u>250<sup>00</sup></u>            |

Name of Candidate or Committee Lawrence E. ("Dr. Larry") Stewart MD  
 Reporting period 1-1-14 through 12-31-14

## 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<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|--|---------------------------|--|
| Other (please specify) _____   |                           |  |
| Full name<br><u>Ann Rea</u>  | <u>10 / 1 / 14</u>        | \$ <u>1000<sup>00</sup></u>              |
| Mailing Address<br><u>P. O. Box 70</u>   | <u>  /  /  </u>           | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Summit MS 39666</u>  | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Self</u>   | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Physician</u>  | Aggregate<br>year-to-date | \$ <u>1000<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"/> | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |                           |  |
| Full name<br><u>Ashraf Riad</u>  | <u>10 / 20 / 14</u>       | \$ <u>500<sup>00</sup></u>               |
| Mailing Address<br><u>P. O. Box 1163</u>   | <u>  /  /  </u>           | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>McCumb MS 39648</u>  | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Self</u>   | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Physician</u>  | Aggregate<br>year-to-date | \$ <u>500<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"/> | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |                           |  |
| Full name<br><u>Scott Smith</u>  | <u>10 / 1 / 14</u>        | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>1059 Stonegate Drive</u>   | <u>  /  /  </u>           | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>McCumb MS 39648</u>  | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Self</u>   | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Physician</u>  | Aggregate<br>year-to-date | \$ <u>250<sup>00</sup></u>               |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |                           |  |
| Full name<br><u>Clan Stovall</u>   | <u>11 / 7 / 14</u>        | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>1036 Lake Front Drive</u>  | <u>  /  /  </u>           | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Summit MS 39666</u>  | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>none Stovall Realty</u>  | <u>  /  /  </u>           | \$ <u>  </u>                             |
| Occupation (Required)<br><u>realty Realtor</u>   | Aggregate<br>year-to-date | \$ <u>250<sup>00</sup></u>               |

Name of Candidate or Committee Lawrence E. ("Dr. Larry") Stewart MDReporting period 1-1-14 through 12-31-14

## 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<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|--|---------------------------|--|
| Other (please specify) _____   |                           |  |
| Full name<br><u>Wayne Vinson</u>   | <u>11 / 7 / 14</u>        | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>P.O. Box 116</u>   | <u>  /  /  </u>           | \$ _____                                 |
| City, State, Zip Code<br><u>Summit MS 39666</u>  | <u>  /  /  </u>           | \$ _____                                 |
| Name of Employer (Required)<br><u>Vinson Foods</u>   | <u>  /  /  </u>           | \$ _____                                 |
| Occupation (Required)<br><u>Grocer</u>   | Aggregate<br>year-to-date | \$ <u>250<sup>00</sup></u>               |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |                           |  |
| Full name<br><u>Mark Wallace</u>   | <u>11 / 7 / 14</u>        | \$ <u>500<sup>00</sup></u>               |
| Mailing Address<br><u>4102 Magnolia-Pisgah Road</u>  | <u>  /  /  </u>           | \$ _____                                 |
| City, State, Zip Code<br><u>Summit MS 39666</u>  | <u>  /  /  </u>           | \$ _____                                 |
| Name of Employer (Required)<br><u>Wallace Lumber</u>   | <u>  /  /  </u>           | \$ _____                                 |
| Occupation (Required)<br><u>Lumber company</u>   | Aggregate<br>year-to-date | \$ <u>500<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"/> | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |                           |  |
| Full name<br><u>Turner Willis</u>  | <u>10 / 20 / 14</u>       | \$ <u>250<sup>00</sup></u>               |
| Mailing Address<br><u>411 Cherokee Drive</u>   | <u>  /  /  </u>           | \$ _____                                 |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | <u>  /  /  </u>           | \$ _____                                 |
| Name of Employer (Required)<br><u>Self</u>   | <u>  /  /  </u>           | \$ _____                                 |
| Occupation (Required)<br><u>Physician</u>  | Aggregate<br>year-to-date | \$ <u>250<sup>00</sup></u>               |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |                           |  |
| Full name<br><u>Lawrence E. Stewart (candidate)</u>  | <u>8 / 20 / 14</u>        | \$ <u>935.28</u>                         |
| Mailing Address<br><u>405 Marion Avenue</u>  | <u>  /  /  </u>           | \$ _____                                 |
| City, State, Zip Code<br><u>McComb MS 39648</u>  | <u>  /  /  </u>           | \$ _____                                 |
| Name of Employer (Required)<br><u>Self</u>   | <u>  /  /  </u>           | \$ _____                                 |
| Occupation (Required)<br><u>Physician</u>  | Aggregate<br>year-to-date | \$ <u>935.28</u>                         |