FIKE DOUNTY, MISS.	
2015 ELECTION CYCLE	
ROGERA GRAVES	

Candidate

2015 Election		
Name of Candidate Lawrence E. ("Dr. Larry") Ster		
Address 405 Marion Ave. McComb MS 39618 County P.	Ke	
Telephone (Work) 601-684-1250 (Home) 601-810-3490 (Fa	x) 601-684-0	129
Contact Name (Same) Email Address LEST	EWART @ CABL	EONE. NET
Office Sought Justice Court Judge Political Party Republi	can	- NOW AND THE PROPERTY OF THE
Check here if above is different from previous report		
Annual Report, 2014 TYPE OF REPORT May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2016)		Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)		•
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)		•
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	All Primary Ca	Mandatory
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)		Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)		Mandatory didates and Political Committees
November 47 0045 By Burnett Bornett (Ontaber 05 0045 through blooms and 4 00	MEN.	Down of Committee to a Contra
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 20	All Candidates and Politica	Runoπ Candidates Uniy I Committees in a Runoff Election
November 17, 2015 Pre-Runoπ Report (October 25, 2015, through November 14, 20	All Candidates and Politica	I Committees in a Runoff Election
•	All Candidates and Politica	I Committees in a Runoff Election
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation)	All Candidates and Political	Committees in a Runoff Election Mandatory Required to terminate reporting obligations
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation) IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred, indicating "0" (Zero) for total amount of reported contributions and expenditures during this	ures and has no In such case, the candid	Required to terminate reporting obligations
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January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation) [IMPORTANT] (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. indicating "0" (Zero) for total amount of reported contributions and expenditures during this (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in and (III). (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reholiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first w acceptable. REPORTED CONTRIBUTIONS AND DISE	ures and has no In such case, the candidperiod. accordance with Miss. Corporting day. If the deadle working day before the de	Required to terminate reporting obligations ate shall submit a report Code Ann. § 23-15-807 (b) (ii) Ine falls on a weekend or a addine. Faxed reports are
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation) [IMPORTANT] (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. indicating "0" (Zero) for total amount of reported contributions and expenditures during this (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in and (III). (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reholiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first w acceptable. REPORTED CONTRIBUTIONS AND DISE	ures and has no In such case, the candidperiod. accordance with Miss. Coporting day. If the deadle orking day before the de	Required to terminate reporting obligations ate shall submit a report Code Ann. § 23-15-807 (b) (ii)
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January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation) [MPORTANT] (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. indicating "0" (Zero) for total amount of reported contributions and expenditures during this (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in and (III). (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reholiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first wacceptable. REPORTED CONTRIBUTIONS AND DISE itemized + Non-itemized Total amount of contributions \$ \$\frac{34}{35.28} + \\$ 3725.00 \$ 12.	ures and has no In such case, the candid period. accordance with Miss. Corporting day. If the deadl porking day before the desurements. This Period	Required to terminate reporting obligations ate shall submit a report Code Ann. § 23-15-807 (b) (ii) Ine falls on a weekend or a addine. Faxed reports are Calendar year-to-date
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation) [MPORTANT] (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. Indicating "0" (Zero) for total amount of reported contributions and expenditures during this (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in and (III). (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reholiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first wacceptable. REPORTED CONTRIBUTIONS AND DISE Itemized + Non-Itemized Total amount of contributions \$ \$\frac{84}{35.28} + \frac{3725.00}{3725.00} \frac{12}{3725.00} \frac{12}{3725	ures and has no In such case, the candid period. accordance with Miss. Comporting day. If the deadle forking day before the deadle orking day.	Required to terminate reporting obligations ate shall submit a report Code Ann. § 23-15-807 (b) (ii) line falls on a weekend or a addline. Faxed reports are Calendar year-to-date \$ 12, 160-28
January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) Termination Report (Candidate will no longer accept contributions or make campaign expendit outstanding campaign debt obligation) [MPORTANT] (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. Indicating "0" (Zero) for total amount of reported contributions and expenditures during this (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in and (III). (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reholiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first wacceptable. REPORTED CONTRIBUTIONS AND DISE Itemized + Non-Itemized Total amount of contributions \$ \$\frac{84}{35.28} + \frac{3725.00}{3725.00} \frac{12}{3725.00} \frac{12}{3725	ures and has no In such case, the candid period. accordance with Miss. Corking day. If the deadle orking day before the deadle orking day. If the deadle orking day before the deadle orking day. If the deadle orking day before the deadle orking day. If the deadle orking day before the deadle orking day. If the deadle orking day before the deadle orking day. If the deadle orking	Required to terminate reporting obligations ate shall submit a report Code Ann. § 23-15-807 (b) (ii) Ine falls on a weekend or a addine. Faxed reports are Calendar year-to-date \$ 12,160-28 \$ 1,677-07

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).

- 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

Delbert Hosemann SECRETARY OF STATE

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

ITEMIZED DISBURSEMENTS

Cork & Cask	Date (Mo., Day, Year)	Amount of each disbursement this period
Cork & Cask Mailing Address Presty Boulevard	9,27,14	\$ 378.51
City, State, Zip Code Mc Comb MS 39648	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 378.51
B. Full name Hilgarson Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Hilgarson Printing Mailing Address P. O. Box 1109	9,23,14	\$ 294.00
City, State, ZIp Code Mc Comb MS 39648	//	s
Purpose of Diebursement (Optional)	Aggregate Year-to-date	\$ 294.00
C. Full name Image Maker Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
C. Full name Twage Maker Motography Malling Address 811 C Delaware Avance City, State, Zip Gode	8/20/14	\$ 495.60
City, State, Zip Code MS 39648	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 495-00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name Mailing Address	1	
	1	disbursement this period
Mailing Address	1	disbursement this period \$
Mailing Address City, State, Zip Code	(Mo., Day, Year)/////Aggregate	disbursement this period \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year) // Aggregate Year-to-date Date	s \$ \$ Amount of each
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	(Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year)	s \$ \$ Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address	(Mo., Day, Year) ///// Aggregate Year-to-date Date (Mo., Day, Year)///	s \$ \$ Amount of each disbursement this period \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code	(Mo., Day, Year) //	s \$ \$ Amount of each disbursement this period \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year) // // Aggregate Year-to-date Date	disbursement this period \$ \$ \$ Amount of each disbursement this period \$ \$ Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name	(Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year) // // Aggregate Year-to-date Date	s S Amount of each disbursement this period \$ Amount of each disbursement this period \$ Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Mailing Address	(Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year) // // Aggregate Year-to-date Date	s S Amount of each disbursement this period S Amount of each disbursement this period S Amount of each disbursement this period S

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Name of Candidate o	r Committee	Laurence	€. (*	Dr. Larry	·)Stewart ME
Reporting period	1-1-14	th	rough 🗌	12-31-	14
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Victor Anazia	10/1/14	\$ 75099
Mailing Address 101 Charatee Drive		\$
City, State, Zip Code Mc Comb MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 2509
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Pon Craddock	9,82,114	\$ 250 %
Mailing Address (002 Hillshime		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required) Craddock Oil Company		\$
Occupation (Required) Merchant	Aggregate year–to-date	\$ 25000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Becky Currie Mailing Address	9,4,14	\$ 75000
407 Oliver Drive		\$
City, State, Zip Code Brook haven MS 39601		\$ [
Name of Employer (Required) Mississippi Itaure of Representatives		\$
Representative	Aggregate year-to-date	\$ 25000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fuil name Michael Faust	10/1/17	\$ 250
Mailing Address 185 Cedor Ridge Drive		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required) Fourt & Associates		\$ [
Occupation (Required) Accountant	Aggregate year–to-date	\$ 25000

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1 age		174	

Name of Candidate or	Committee	awronce E.	("Dr.	Larry"	Stourt MI
Reporting period	1-1-14	through	·		
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dick Frohn	10,11,119	\$ 500%
Mailing Address		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required) Tooks Instrance		\$
Insurance agent	Aggregate year-to-date	\$ 500%
B. Source: Corporation PAC Individua Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lawrence Giles	10,17,14	\$ 25000
Mailing Address 1032 Smith Lane		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required) SW MS Regional Medical Center		\$
Occupation (Required) Pharmacist	Aggregate year-to-date	\$ 550=
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Craig Hasking	91914	\$ 52000
Malling Address		\$ I was a constant of the second of the seco
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required) Commercial Developer	Aggregate year–to-date	\$ 250=
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Share Hinckley	<u> </u>	\$ 2509
Mailing Address 150 Marian Avenue		\$
City, State, Zip Code Mc Camb MS		\$
Name of Employer (Required) Chiroproctic Contex	1 / / /	\$
Occupation (Required) Chirofractor	Aggregate year-to-date	\$ 250=

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Name of Candidate or	Committee Law	rence E.	("Dr. Larr)Stewart	MD
Reporting period	1-1-1	through	12-31-14	- 	
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A. Source: Corporation PAC (Individual) Loan	Data	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify) Full name	Encluded Separation Accounting	this period
Martin Howard	10/11/14	\$ 2500
Mailing Address		
Terrestriction and the second	\ <u>/ </u>	\$
City, State, Zip Code		
		\$
Columbus MS 3970 Name of Employer (Required)	produce production	
	1 1	\$
Self Occupation (Required)	A	
Physician	Aggregate year-to-date	\$ 2509
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
b. double. doi potation 1 AC thursday Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	55 D2 67	
Roberto. "Bubby" Lenoir	19,18,19	\$ 5500
Mailing Address	banana homena kanana.	-
3189 Hame Los Road		\$
City, State, Zip Code		
		\$
		,
Name of Employer (Bequired)		\$
Lenoir & ASSO CIATES Occupation (Required)	Aggregate	
financial planer	Aggregate yearto-date	\$ 250%
C. Source Corporation PAC Individual Loan		Americator
professional and the second contract of the s	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Errc Lawis	101 T11A	\$ 250=
Mailing Address		Constitution of the second sec
212 Rawls Drive		\$
City, State, Zip Code		Control or comment with the control of the control
McComb MS 39648	1 1 1 1	\$
Name of Employer (Required)		productive scale was a secure of the second
Self		\$
Occupation (Required)	Aggregate	\$ 250%
Oral Surgion	year-to-date	T C 30
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
		this period
Full name	10/11/14	\$ 5000
Mailing Address	promote process process	- 700
P. O. Box 727		\$
City, State, Zip Code	1	
Sumit MS 39666	<u> </u>	\$
Name of Employer (Required)		*
Clark Construction	/ /	\$
Occupation (Required)	Aggregate	\$ 5000
Pilot	year-to-date	100

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Name of Candidate	or Committee <u>La</u>	wrence E.	("Dr. Larn	1") Stewart MI	Page 19 of WE
Reporting period	1-1-14	through	12-31-14	† 	
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name McComb Electric Supply / Richard Moore	10/11/11	\$ 250=
Mailing Address 904 Budee Avenue		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required) McCock Electric Suppl		\$
Electrical company	Aggregate year–to-date	\$ 550
B. Source: Corporation PAC Individua Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Johnny & Billie Nance	10/20/119	\$ [250 %
Mailing Address 2318 Arrowhead Drive City, State, Zip Code		\$
McComb MS 39648		\$
Name of Employer (Required) Edge wood Interiors Occupation (Required)	Aggregate	\$
Intrior designer	Aggregate yearto-date	\$ 2502
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A. N. Wichols	11/7/14	\$ 25000
Mailing Address 414 B Marton Arenue City, State, Zip Code		\$ The state of the control of the
McComb MS 39688	/_/_	\$
Name of Employer (Required)		\$
Occupation (Required) Phy Sician	Aggregate year–to-date	\$ 2500
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Donald E. Price	10/11/119	\$ 2500
Mailing Address		\$
City, State, Zip Code Summit MS 39666		\$
Name of Employer (Required) Salf	1_/_/	\$
Occupation (Required)	Aggregate year–to-date	\$ 25000

Page	5	o f	16	, >

Name of Candidate	or Committee	Laurence	E.	("Dr.	Larry	-)Stewart	M
Reporting period				12-			
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ann Rea	10/1/14	\$ 1000 =
Mailing Address P. O. Box 70		\$
City, State, Zip Code Summit MS 39666		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year-to-date	\$ 1000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ashraf Riad	10/20/14	\$ 5000
Mailing Address P. O. Box (163		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$ 500=
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Scott Smith	10/1/14	\$ 250%
Mailing Address 1059 Stonegate Dive		\$
City, State, Zip Code Mc Comb MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 550%
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clan Stovall	11/7/14	\$ 25000
Mailing Address 1036 Lake Front Drive		5
City, State, Zip Code Summit MS 39666		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 5202

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Name of Candidate	or Committee	Lawrence E	· ("Dr. Larr	7") Stewart MD	Page 16
prod			12-31-14		
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	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Layne Vinson	117/19	\$ 25000
P.O. Box (16		\$
City, State, Zip Code Summit MS 39666		\$
Name of Employer (Required) Viver Foods		\$
Occupation (Required)	Aggregate year-to-date	\$ 2500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mark Wallace	11/7/14	\$ 50000
Mailing Address 4102 Magnolia-Pisgah Road		\$
Summit MS 39666		\$
Name of Employer (Required) Wallace Lumber		\$
Occupation (Required) Lumber company	Aggregate year-to-date	\$ 500 2
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Turnor Willis	10/20/14	\$ 2506
Mailing Address 411 Charo Kee Drive		\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 250 ==
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lawrence E. Stewart (candidate)	18/50/14	\$ 935.28
Mailing Address 405 Marion Avenue		\$
City, State, Zip Code McCouls MS 39648		\$
Name of Employer (Required) Se (F		\$
Occupation (Required)	Aggregate year-to-date	\$ 1935.28