REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF STATE Secretary of State

Capitol Office

Delbert Hosemann

Name of Can	didate_ John Horh	2010 Affidat Keport	L
Address	6035 Waverly D	r, Jxn 39206 county Hinds	
Telephone	601. 359. 3237	Fax	

_____ Email Address __ Office Sought Senate, Dist 26 jhorkn @ comcast. net

Check here if above is different from previous report

All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- Annual 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 the reporting
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions Total amount of disbursements \$42,141.84 + 6,310.57 Total amount of cash on hand 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

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name	of	Candidate	oŗ	Committee

John Horhn

Reporting period Jan 1, 2016

19h Dec 31, 2016

Hertz Rent-A-Car	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address International Dr	1,7,16	\$ 292.55
City, State, Zip Code Jan, MS 39208	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 292.55
Infiniti Dealership	Date (Mo., Day, Year)	Amount of each disbursement this period
1685 High St.	//	\$ 989.17
City, State, Zip Code Jukson 39202		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 989.17
C. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address)	1,25,16	\$ 2,000 00
City, State, Zip Code	318116	\$ 2,000 00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,000 00
D. Full name	1	
MS Sports Hall of Fame	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Sports Hally Fame Mailing Address 452 Lakeland Or		<u> </u>
MS Sports Hally Fame Mailing Address 452 Lakeland Dr City, State, Zip Code	(Mo., Day, Year)	disbursement this period
Mailing Address 452 Lakeland Dr City, State, Zip Code Jackson 39216 Purpose of Disbursement (Optional)	(Mo., Day, Year)	\$ 300 %
MS Sports Hall of Fame Mailing Address 452 Lakeland Dr City, State, Zip Code Jackson 39216 Purpose of Disbursement (Optional) E. Full name Jackson Advocate	(Mo., Day, Year)	\$ 300 %
Mailing Address 452 Lakeland Dr City, State, Zip Code Jackson 39216 Purpose of Disbursement (Optional) E. Full name Jackson Advocate Mailing Address 100 W. Hamilton St	(Mo., Day, Year) (Mo., Day, Year) (Mo., Day, Year) (Mo., Day, Year) Aggregate Year-to-date Date	\$ 300° S Amount of each
Mailing Address 452 Lakeland Dr City, State, Zip Code Jackson 39216 Purpose of Disbursement (Optional) E. Full name Jackson Advocate Mailing Address 100 W. Hamilton St City, State, Zip Code Jackson 39202	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	s \$ 300 % \$ Amount of each disbursement this period
Mailing Address 452 Lakeland Dr City, State, Zip Code Juckson 39216 Purpose of Disbursement (Optional) E. Full name Juckson Advocate Mailing Address 100 W. Hamilton St City, State, Zip Code Juckson 39202 Purpose of Disbursement (Optional)	(Mo., Day, Year) //	\$ 300° \$ \$ 300° \$ \$ Amount of each disbursement this period \$ 400° \$
Mailing Address 452 Lakeland Dr City, State, Zip Code Juckson 39216 Purpose of Disbursement (Optional) E. Full name Juckson Advocate Mailing Address 100 W. Hamilton St City, State, Zip Code Juckson 39202 Purpose of Disbursement (Optional)	(Mo., Day, Year) //	s \$ 3000 \$ \$ 3000 \$ Amount of each disbursement this period \$ 40000 \$
Mailing Address 452 Lakeland Dr City, State, Zip Code Juckson 39216 Purpose of Disbursement (Optional) E. Full name Juckson Advocate Mailing Address 100 W. Hamilton St City, State, Zip Code Juckson 39202 Purpose of Disbursement (Optional)	(Mo., Day, Year) (Mo., Day, Year) (Mo., b / lc Aggregate Year-to-date Date (Mo., Day, Year) 2 / 5 / 6 Aggregate Year-to-date Date	s \$ 3000 \$ 3000 \$ 3000 Amount of each disbursement this period \$ 4000 Amount of each
Mailing Address 452 Lakeland Dr City, State, Zip Code Jackson 39216 Purpose of Disbursement (Optional) E. Full name Jackson Advocate Mailing Address 100 W. Hamilton St City, State, Zip Code Jackson 39202 Purpose of Disbursement (Optional) F. Full name Trend of Errick Summons	(Mo., Day, Year) //	s \$ 3000 \$ 3000 \$ 3000 \$ 4000 \$ 4000 \$ 4000 \$ Amount of each disbursement this period \$ 40000 \$ 400000 \$ 40000000000000000
Mailing Address 452 Lakeland Dr City, State, Zip Code Jackson 39216 Purpose of Disbursement (Optional) E. Full name Low W. Hamilton St City, State, Zip Code Jackson 39202 Purpose of Disbursement (Optional) F. Full name Trend of Errick Summon Mailing Address 207 Main St	(Mo., Day, Year) //	s 300 % \$ 300 % \$ 300 % Amount of each disbursement this period \$ 400 % \$ 400 % Amount of each disbursement this period \$ 500 %

Name of Candidate or Committee	John Horan
Reporting period Jan 1, 2016	through Dec 31, 2016

A. Full name Felanda ROSS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2221 Boline St	512116	s 300°
City, State, Zip Code Juckson 39213	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300 m
B. Full name Lewel Bass	Date (Mo., Day, Year)	Amount of each disbursement this period
B. Full name Sewel Bass Mailing Address // 200 Commerce St Sts. B City, State, Zip Code Jackson 39201 Purpose of Disbursement (Optional)	512416	\$ 2500
City, State, Zip Code Jackson 39201	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25000
C. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecar Park Circle	<u>61116</u>	\$ 3000 ov
1018 Pecan Bark Circle City, State, Zip Gode Jackson 39209	12/19/16	\$ 4800
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,800 to
D. Full name Patrick Genous	Date (Mo., Day, Year)	Amount of each disbursement this period
Patrick Genous Mailing Address Cly 200 Commerce St. Ste B	1	
Patrick Genous Mailing Address City, State, Zip Code Jack Sm 39201	(Mo., Day, Year)	disbursement this period
Patrick Genous Mailing Address Cly 200 Commerce St. Ste B	(Mo., Day, Year)	\$ 250 %
Patrick Jenous Mailing Address Cly 200 Commerce St. Ste B City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional)	(Mo., Day, Year) 6/17/16 Aggregate	s 250 %
Patrick Jenous Mailing Address Cly 200 Commerce St. Ste B City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional) E. Full name Postage Savers Mailing Address	(Mo., Day, Year) 6/17/16 Aggregate Year-to-date Date	s 250 % Amount of each
Patrick Jenous Mailing Address Cly 200 Commerce St. Ste B City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional)	(Mo., Day, Year) 6/17/16 Aggregate Year-to-date Date (Mo., Day, Year)	s 250% Amount of each disbursement this period
Patrick Jenous Mailing Address Cly 210 Commerce St. Ste B City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional) E. Full name Postage Savers Mailing Address 33/ Commerce Park Dr City, State, Zip Code	(Mo., Day, Year) 6/17/16 Aggregate Year-to-date Date (Mo., Day, Year)	s 250% S 250% Amount of each disbursement this period \$ 27149
Patrick Jenous Mailing Address Cly 200 Commerce St. Ste B City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional) E. Full name Postage Savers Mailing Address 33/ Commerce Park Dr City, State, Zip Code Jack Sm 39213	(Mo., Day, Year) /	s 250% \$ 250% Amount of each disbursement this period \$ 27146
Patrick Jenous Mailing Address Cly 200 Commerce St. Ste B City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional) E. Full name Patage Savers Mailing Address 33 / Commerce Park Dr City, State, Zip Code Jack Sm 39213 Purpose of Disbursement (Optional) F. Full name F. Full name F. Full name Patage Purpose Park Purpose of Disbursement (Optional)	(Mo., Day, Year) L/17/(L Aggregate Year-to-date Date (Mo., Day, Year) P/26/16 Aggregate Year-to-date Date Date Date Date Date Date Date	s 250% S 250% Amount of each disbursement this period \$ 271 = \$ Amount of each
Patrick Jenous Mailing Address City, State, Zip Code Jack Sm 39201 Purpose of Disbursement (Optional) E. Full name Postage Savers Mailing Address 33 Commerce Park Dr City, State, Zip Code Jack Sm 39213 Purpose of Disbursement (Optional) F. Full name Sw Speedy	(Mo., Day, Year) L////// Aggregate Year-to-date Date (Mo., Day, Year) P/26/// Aggregate Year-to-date Date (Mo., Day, Year)	s 250% \$ 250% Amount of each disbursement this period \$ 271 / 2 Amount of each disbursement this period
Patrick Genows Mailing Address City, State, Zip Code Sack Son 39201 Purpose of Disbursement (Optional) E. Full name Postage Savers Mailing Address 33 / Commerce Park Dr City, State, Zip Code Jackson 39213 Purpose of Disbursement (Optional) F. Full name Six Speedy Mailing Address 2701 N. State St	(Mo., Day, Year) L////// Aggregate Year-to-date Date (Mo., Day, Year) P/26/// Aggregate Year-to-date Date (Mo., Day, Year)	s 250 % \$ 250 % Amount of each disbursement this period \$ 271 42 \$ Amount of each disbursement this period \$ 4 1 45

Name of Candidate or Committee				
Reporting period Jan 1	,2016			

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through <u>Dec 31, 20</u>

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John Horhn

Name of Candidate or Committee

Reporting period Jan 1, 2016

through Dec 31, 2011.

A. Full name Trace Pathways	Date (Mo., Day, Year)	Amount of each disbursement this period
Trace Pathways Mailing Address 6580 Learned Rd	10/27/16	\$ 300°
City, State, Zip Code Edwards, MS 39066 Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Óptional)	Aggregate Year-to-date	\$ 300°
R.E. C.H. foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 10740	11,7,16	\$ 500 m
City, State, Zip Gode Judis v 39289	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5000
C. Full name Bestrice Slanghter Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/15/16	\$ 1,000=
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name Mc Dade's Brocery	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 904 E. Fortification St City, State, Zip, Code	11/18/16	\$ 262 46
000/08:00	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 262 46
E. Full name Earl Clowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/19/14	\$ (,000 00
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,0000
F. Full name Taborri Thomas	Date (Mo., Day, Year)	Amount of each disbursement this period
Wailing Address 401 Beasley RJ	617116	s 200°
City, State, Zip Code Jukson 39206	//	\$ 1,050
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,25000

Name of Candidate or Committee

John Hortin

Reporting period Jan 1, 2016

through<u>Dec 31, 2016</u>

Date (Mo., Day, Year)	Amount of each disbursement this period
11/3/16	\$ 20000
11/25/16	\$ 2000
Aggregate Year-to-date	\$ 40000
Date (Mo., Day, Year)	Amount of each disbursement this period
12/02/16	s 350 m
//	\$
Aggregate Year-to-date	\$350°
Date (Mo., Day, Year)	Amount of each disbursement this period
1215116	\$ 38436
//	\$
Aggregate Year-to-date	\$ 38436
Date (Mo., Day, Year)	Amount of each disbursement this period
1218/16	\$ 1,2000
//	\$
Aggregate Year-to-date	\$ 1,200空
Date (Mo., Day, Year)	Amount of each disbursement this period
12/13/16	\$ 644 49
//	\$
Aggregate Year-to-date	s 644 49
Date (Mo., Day, Year)	Amount of each disbursement this period
11/21/16	\$ 27500
/	\$
	(Mo., Day, Year) (1 / 3 / 16 (1 / 25/ 16 Aggregate Year-to-date Date (Mo., Day, Year) (Mo., Day, Year)

Page 6 of 6

Name of Candidate or Committee	John Horan	•
Reporting period Jan (, 2016	through Dec 31, 2	016

A. Fuli name		T
Haron Harris	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/1/16	\$ 500000
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,000 m
B. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/13/16	\$ 5,20000
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,2000
C. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/17/16	\$ 1,50000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,500 m
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Name of Candidate or Comn	nittee 📗	John L	forha	
Reporting period Jan 1	2016	through	Dec 3	1, 2016
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ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Coan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Landfair Solutions, LLC Mailing Address	1 1 T51 100	\$ 2,000
6035 Waverly Dr		\$
City, State, Zip Code Jaksm. 39206	口冲气	\$
Name of Employer (Required)	9/26/16	\$ 72,300
Occupation (Required)	Aggregate year–to-date	\$ 14,300
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wm M. Cooley	10/3/16	\$ 1,000
Mailing Address 1067 Whitsett Walk		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ 1,000 1
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name (Alleie, O' Neal	10/3/14	\$ 250
P. D. Bux 24415	匚/匚/匚	\$
City, State, Zip Code Jack Con 39225		\$
Name of Employer (Required) SDL Engineer		\$
Occupation (Required) Engineer	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 Lulian M. Corlin	1013116	\$ 500 2
Mailing Address 1067 Whitsett Walk		\$
City, State, Zip Code Jack Son 39206		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500 0

Name of Candidate or Com	mittee	John Hortin
Reporting period Jam (2016	through Dec 31,2016
	'ITFN	JIJED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Innovative Performence Constructions Co, LLC	10/3/16	\$ 250
Mailing Address		\$
City, State, Zip Code Lorman, MS 39096		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 25000
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	111 . 13 . 14	4
J. Kane Ditto Mailing Address	10/3/6	\$ 3000
P.D. Box 13925	<u> </u>	\$
City, State, Zip Code Jackson 39236		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 3000
	year–to-date	, , , ,
C. Source Corporation PAC Individual Loan	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Frank Divm	Date	Amount of each receipt
Other (please specify) Full name Frank Divm Mailing Address 506 Dirtmont Dr	Date	Amount of each receipt this period
Other (please specify) Full name Funk Divm Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name Funk Dirm Mailing Address 506 Dirtment Dr City, State, Zip Code	Date	Amount of each receipt this period
Other (please specify) Full name Frank Divm Mailing Address 506 Dirtmont Dr	Date	Amount of each receipt this period
Other (please specify) Full name Frank Dirm Mailing Address SUB Dartment Dr City, State, Zip Code Jackson 3 9213	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$
Other (please specify) Full name Frank Divm Mailing Address 506 Dirtment Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Frank Divm Mailing Address SUB Diff mont Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Funk Divm Mailing Address SUB Dirtmont Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) // // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Frank Divm Mailing Address SUB Diff mont Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Address	Date (Mo., Day, Year) // // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Frank Divm Mailing Address 50b Dirtment Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Anhuser Buck Mailing Address J. P. Morgan Chuse Bank	Date (Mo., Day, Year) // // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
Full name Funk Divm Mailing Address SUB Dartment Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Annuar Buck Mailing Address J. P. Morgan Chase Bank City, State, Zip Code Cyracus, NY	Date (Mo., Day, Year) // // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Funk, Diym Mailing Address SUB Dartment Dr City, State, Zip Code Juksm 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Authory Buch Mailing Address J. P. Morgan Chase Bank City, State, Zip Code Syrama, NY Name of Employer (Required)	Date (Mo., Day, Year) // // / // / Aggregate year-to-date Date	Amount of each receipt this period \$
Full name Funk Divm Mailing Address SUB Dartment Dr City, State, Zip Code Juksm 3 9213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Annuar Buck Mailing Address J. P. Morgan Chase Bank City, State, Zip Code Cyracus, NY	Date (Mo., Day, Year) // // / // / Aggregate year-to-date Date	Amount of each receipt this period \$

Name of Candidate or Com	ımittee	John H	orhn		
Reporting period Jan	2016	through	n Dec 31	2016	
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Rehabilitation Centers, LLC	1/3/16	\$ 1,000
Mailing Address [0] - A Jadek Drive, NE		\$
City, State, Zip Code Masse, MS 26111		\$
Name of Employed (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 7,0000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Tohn Calhoun	10/13/16	\$ 7,0000
A307 Tww Lakes Circle		\$
City, State, Zip Code Jacksim 39211		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 400000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Rod Hill	10/3/16	\$ 1,500 00
Mailing Address 12 11 Riverside Dr		\$
City, State, Zip Code Jackson 3920		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,5000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
The Corbitt Co, LLC	10 13 116	\$ 25000
P. D. Box 14225		\$
City, State, Zip Code Jacksm 39236		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2500

Name of Candidate or Cor	nmittee	John Ho	rhn		- -
Reporting period Jan 1	2016	through	Dec	31,2016	
,	ITE	MIZED	RE	CEIP	TS

A. Source: Corporation PAC Individual Loan Other (please specify) Full name (Mo., Day, Year) Amount of a receipt receipt this period Full name (Mo., Day, Year) Full name Full na
Full name Teni Coroley Mailing Address 10 1 3 1 1
Temic Coroley 10 / 5 / 16 \$ 500 % Mailing Address 1 / 1 \$ \$ City, State, Zip Code 1 / 1 \$ Decupation (Required) 7 / 1 \$ Date (Mo., Day, Year) 7 / 1 \$ Date (Mo., Day, Year) 7 / 1 \$ Full name 7 / 1 \$ Decupation (Required) 7 / 1 \$ Dete (Mo., Day, Year) 7 / 1 Problem Contracting Sep. LLC 1 / 1 \$ Mailing Address 7 / 1 / 1 \$ Sup W. Church St. City, State, Zip Code 7 / 1 \$ City, State, Zip Code 7 / 1 City,
City, State, Zip Code Jack Sun 3920 L Name of Employer (Required) Occupation (Required) Date (Mo., Day, Year) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Mailling Address Date (Mo., Day, Year) City, State, Zip Code Date (Mo., Day, Year) Cocupation (Required) Cocupation (Requ
Name of Employer (Required) Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address P. D. Box 1038 City, State, Zip Code Jackson 3 9215 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Probut Contracting Exp. LUC Mailing Address Source Mailing Address Name of Employer (Required) Other (please specify) Mailing Address Source Other (please Specify) To the source of
Name of Employer (Required) Occupation (Required) Aggregate year-to-date B. Source: Corporation PAC Individual Loan Other (please specify) Full name Wiltie Bozenar Mailing Address P. D. Box (1238) City, State, Zip Code Jacksm 3 9215 Name of Employer (Required) Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Full name Probly Contracting Exp. LUC Mailing Address [1] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
B. Source: Corporation PAC Individual Loan Other (please specify) Full name Image: Comparison PAC Individual Loan
B. Source: Corporation PAC Individual Loan Other (please specify) Full name IID 3 IIC \$ 500 PO Mailing Address
Other (please specify) Full name Willie Bozenan W 3 16 \$ 500 0 Mailing Address
Full name Willie Bozeman 10 / 3 / 16 \$ 500 00 Mailing Address 1 / 1 \$ City, State, Zip Code 1 / 1 \$ Name of Employer (Required) 1 / 1 \$ Occupation (Required) Aggregate year-to-date C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Probly Contracting Exp. LLC 10 / 3 / 16 \$ 1,000 20 Mailing Address 1 / 1 \$ Mailing Address 1 / 1 \$ City, State, Zip Code 1 / 1 \$ City State, Zip Code 1
Mailing Address P. D. Bux 1038 City, State, Zip Code Jackson 3 9215 Name of Employer (Required) C. Source Corporation PAC Individual Loan Other (please specify) Pull name Probity Contracting Exp. LLC Mailing Address Sugar N. Church St City, State, Zip Code
City, State, Zip Code City, State, Zip Code
City, State, Zip Code Jackway 39215
Name of Employer (Required) Occupation (Required) Aggregate year-to-date C. Source Corporation PAC Individual Loan Other (please specify) Full name Probly Contracting Erp, LLC Mailing Address Sog N. Church St City, State, Zip Code
C. Source Corporation PAC Individual Loan Other (please specify) Full name Probly Contracting Erp, LLC Mailing Address City, State, Zip Code Mailing Contracting Contracting Contracting Contracting Erp, LLC Mailing Address Source Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period (ID / 3 / 16 \$ 1,000 @
C. Source Corporation PAC Individual Loan Other (please specify) Full name Probity Contracting Erp, LLC Mailing Address City, State, Zip Code Amount of ear receipt this period Loan Date (Mo., Day, Year) Loan Other (please specify) Amount of ear receipt this period I I I I I I I I I I I I I I I I I I I
Other (please specify) Probly Contracting Crp, LLC Mailing Address City, State, Zip Code Date receipt this period (Mo., Day, Year) I(0 / 3 / 16 \$ 1,000 @ 1 / 1 \$ State receipt this period To serve this perio
Mailing Address So N. Church St City, State, Zip Code
Mailing Address Sug N. Church St City, State, Zip Code
Sug N. Church St City, State, Zip Code
Horena, MS 39073
Name of Employer (Required) \$
Occupation (Required) Aggregate year-to-date \$ \(\lambda_i \ 000 \)
D. Source: Corporation PAC Individual Loan Date Amount of each
Other (please specify) (Mo., Day, Year) receipt this period
John Palmer 10/3/16 \$ 50000
Railing Address P. O. Box 3747
City, State, Zip Code
Name of Employer (Required) \$
Occupation (Required) Aggregate year-to-date \$ 500 \textit{re}

Name of Candidate or Committee	John Horho
Reporting period Jan 1, 2016	through Dec 31, 2016
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Loving Health Care, Ino	101316	\$ 1,0000
Mailing Address Sh W		\$
City, State, Zip Code Jackson 39284		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,0000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Physician Practice of Madism, PC Malling Address	10/6/16	\$ 8000
Mailing Address 9 East brooks Circle		\$
City, State, Zip Code Mation, MS 39110		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 8000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Cryms Pittman	10/26/10	\$ 1,000
Mailing Address 410 S. President St		\$
City, State, Zip Code Jukson 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000 00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eli Lilly PAC	114/14	\$ 500 "
Mailing Address		\$
Lity, State, Zip Code Line		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 5000

Name of Candidate or Con	nmittee Juh	~ Horh		
Reporting period Jan	, 2016	through 🔼	Dec 31,20,	16
,	TEMIZ	ZED R	ECE	PTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify) Full name	(Mo., Day, Year)	this period
All Sports Community Service. Inc		\$ 25000
P. D. Box 271506		\$
City, State, Zip Code Tampa, FL 33688 Name of Employer (Reduired)		\$
Name of Employer (Reduired)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250m
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pfizer Inc	12,15,16	\$ 25000
Mailing Address J 6730 Lenox Center Ct		\$
Memokis TN 38115		\$
Name of Employer (Re uired)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ 2500
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WAL PAC/Wal Mart Story, Inc PAC	12/5/16	\$ 5000
Mailing Address 702 SW 8th St		\$
City, State, Zip Code Bentonville, AR 72716		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 5000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Richard Schwarts	12/5/16	\$ 2,000
P.O. Box 3949		\$
city, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2,000 "

Name of Candidate or Committee John Horho	
Reporting period Jan 1, 2016	through (Dec 31, 2016)
ÍTEMI	7FD RECEIPTS

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Dr. Dinest Goel	12,14,76	\$ 5,0000
2522 Eastover Dr		\$
City, State, Zip Code Juckson 39211		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 5,0017
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Neilsen & Co 4C	12/14/16	\$ 5,0000
P. 0. Box 5476		\$
City, State, Zip Code Twin Fulls, ID		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 5.000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mikes Harrell	12/29/16	\$ 2,500 00
Mailing Address (370 014 49 S		\$
Richland, MS 39118		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2,5000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Paula De Young	12/29/16	\$ 75000
Mailing Address 157 View Pointe Dr		\$
Clinton, MS 39056		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 75000