**Delbert Hosemann** 2013 ELECTION CYCLE SECRETARY OF STATE REPORT OF REC Office Sought **Email Address** Check here if above is different from previous report May 14, 2013 Pre-Runoff Report (April 28, 2013, through May 11, 2013)......Runoff Candidates Only January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)...................................Mandatory Required to terminate reporting obligations Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) **IMPORTANT** 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. 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). The receiving authority 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 Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions 1000 Total amount of disbursements \$ 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 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, mutli-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.

D	1	- 6	1
Page		OI	4

Name of Candidate or Committee Robert AMCS	
Reporting period Jan 1st - April 27th through April 27th	
ITÉMIZED RECEIPTS	S

Other (please specify)			
Full ame			
City, State, Zip Code    Captain   C	Full name	11613	\$ 14,000
City, State, Zip Code  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  City, State, Zip Code  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Name of Employer (Required)  Cocupation (Required)  Cocupation (Required)  Cother (please specify)  Full name  City, State, Zip Code  Malling Address  Aggregate   S   Cocupation (Required)  Aggregate   S   Cocup			\$
Same of Employer (Required)   Same	City, State, Zip Code		\$
School   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)	Name of Employer (Required)		\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Mailing Address  City, State, Zip Code  City, State, Zip Code  Mailing Address  City, State, Zip Code  Date (Mo., Day, Year)  Mailing Address  City, State, Zip Code  Mailing Address  Mailing Address  Mailing Address  City, State, Zip Code  Mailing Address  Mailing A	Occupation (Required)		\$ 14.600
Other (please specify)  Full name    Mailing Address		year-to-date	
Mailing Address  City, State, Zip Code  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cother (please specify)  Mailing Address  City, State, Zip Code  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Cocupation (Required)  Cocupation (Required)  Cocupation (Required)  City, State, Zip Code			receipt
City, State, Zip Code	Full name		\$
Name of Employer (Required)  Occupation (Required)  Octher (please specify)  Mailing Address  City, State, Zip Code  Date (Mo., Day, Year)  Amount of each receipt this period  Full name  Aggregate year-to-date  Other (please specify)  Mailing Address  City, State, Zip Code  Date (Mo., Day, Year)  Aggregate year-to-date (Mo., Day, Year)  Aggregate year-to-date (Mo., Day, Year)  Aggregate year-to-date (Mo., Day, Year)  Amount of each receipt this period  Full name  Mailing Address  Amount of each receipt this period  Full name  Amount of each receipt this period  Full name  Amount of each receipt this period  Aggregate year-to-date year	Mailing Address		\$
Occupation (Required)  Occupation (Required)  Other (please specify)  Mailing Address  City, State, Zip Code  Other (please specify)  Occupation (Required)  Other (please specify)  Amount of each receipt this period  Full name  Mailing Address  City, State, Zip Code  Aggregate year-to-date  Amount of each receipt this period  Full name  Aggregate year-to-date  Aggregate year-to-date  Cocupation (Required)  Other (please specify)  Mailing Address  City, State, Zip Code  I J J S  Amount of each receipt this period  Full name  City, State, Zip Code  I J J S  City, State, Zip Code  Aggregate year-to-date  Amount of each receipt this period  Full name  Aggregate year-to-date  Amount of each receipt this period  Full name  Aggregate year-to-date  Amount of each receipt this period  Full name  Aggregate year-to-date  Amount of each receipt this period	City, State, Zip Code	$\square$ , $\square$ , $\square$	\$
C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)	Name of Employer (Required)		\$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Cocupation (Required)  Date (Mo., Day, Year)  Full name  City, State, Zip Code  Date (Mo., Day, Year)  Aggregate year-to-date  Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Mailing Address  City, State, Zip Code  Mailing Address  Amount of each receipt this period  Full name  City, State, Zip Code  Name of Employer (Required)  Aggregate year-to-date  Amount of each receipt this period  Full name  Amount of each receipt this period  Full name  Amount of each receipt this period	Occupation (Required)		\$
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Cocupation (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Aggregate year-to-date  (Mo., Day, Year)  S  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Aggregate \$  Aggregate \$  Cocupation (Required)  Aggregate \$  Cocupation (Required)		0.0000000000000000000000000000000000000	receipt
City, State, Zip Code	Full name	$\square$ $\square$ $\square$	\$
Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Aggregate year-to-date fundividual Loan Date (Mo., Day, Year)  **The control of each receipt this period for the control of	Mailing Address		\$
Occupation (Required)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  City, State, Zip Code  Name of Employer (Required)  Aggregate year-to-date  Amount of each receipt this period  \$  Coccupation (Required)  Aggregate year-to-date   Amount of each receipt this period  \$  City, State, Zip Code  Aggregate \$  Amount of each receipt this period  \$  Aggregate \$  Amount of each receipt this period  \$  City, State, Zip Code  Aggregate \$	City, State, Zip Code		\$
Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period	Name of Employer (Required)		\$
Other (please specify)  Other (please specify)  Full name	Occupation (Required)	Aggregate year–to-date	\$
Full name			receipt
Mailing Address  City, State, Zip Code  Aggregate  Aggregate  Aggregate	Full name		
City, State, Zip Code			* [
Name of Employer (Required)  Aggregate \$			\$
Occupation (Required)  Aggregate \$	The state of the s		\$
	Name of Employer (Required)		
	Occupation (Required)		\$

	1 /	
Page	of_/	

Name of Candidate or Committee	Robert	AMOS		
Reporting period Jan 15+		through DOCI	27th	2013

## ITEMIZED DISBURSEMENTS

		<del></del>
A. Full name  WBBJ - FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address THS North State Street	21113	\$ 4200
City, State, Zip Code  Dacker Msi 39202	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,200
B. Full pame Signs First	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  HODINGO RO	221/13	\$400,00
City, State, Zip Code  Out (XXX), MS, 37207	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$400,00
C. 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	s
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	\$