# Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	SECRETARY OF STATE
D	ECEIVEN
Typ	MAY 0 8 2015

Name of Candidate John Horhn Secretary of State Address 6035 Waverly Dr. Capitol Office (Home)<sup>601.362.1045</sup> Telephone (Work)\_601.359.6217 (Fax) Contact Name John Horhn Email Address jhorhn@comcast.net Office Sought Senate District 26 Political Party Democrat Check here if above is different from previous report TYPE OF REPORT All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election (Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees (Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees in a Runoff Election Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no Required to terminate outstanding campaign debt obligation) reporting obligations **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 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 Calendar Itemized Non-Itemized This Period year-to-date Total amount of contributions \$2000.00 \$2000.00 \$2000.00 Total amount of disbursements \$4650 + \$4200 \$8650 \$8650.00 Total amount of cash on hand \$13,471.32

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, 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

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Name of Candidate or Committee	John Horhn			
Reporting period 1/1/1/15		through	4/30/15	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Enterprise Holdings, Inc.	2 / 3 / 15	\$ 500.00
Mailing Address		т реше
500 Corporate Park Dr.		\$
City, State, Zip Code	teee	
St. Louis, MO 63105		\$
Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
MS Assn for Home Care State PAC	2 1 3 1 15	\$ 500.00
Mailing Address		
134 Fairmont St, Ste B		\$
City, State, Zip Code		¢ [
Clinton, MS 39056		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Centene Management Co., LLC	2 / 27 / 15	\$ 1,000.00
Mailing Address		
Centene Corporation		\$
City, State, Zip Code	F.F.F	
St. Louis, MO 63105		\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
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		\$
Mailing Address		<b>Y</b> 1
		\$
City, State, Zip Code	$\square_I \square_I \square$	\$
Name of Employer (Required)		\$

Reporting period 1/1/15

through <u>4/30/15</u>

A. Full name Jackson Advocate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
100 W. Hamilton St	1 / 15 / 15	\$ 400.00
City, State, Zip Code		121
Jackson 39202	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
B. Full name	Date	A
Natascha Donald	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(, =, ; ; ;,	and an earnest time period
Address Unknown	1 / 31 / 15	\$ 250.00
City, State, Zip Code		
Jackson, MS	//	\$
Purpose of Disbursement (Optional)	A	
Sponsorship of student competition	Aggregate Year-to-date	<b>\$</b> 250.00
C. Full name		
Alan Huffman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(WO., Day, Tear)	dispuisement this period
1056 Old Bridgeport Rd	3 / 13 / 15	\$ 1500.00
City, State, Zip Code		
Bolton 39041	4 / 22 / 15	\$ 1500.00
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ 3000.00
D. Full name	Date	Amount of each
Dynastics	Date (Mo., Day, Year)	Amount of each disbursement this period
Dynastics Mailing Address	(Mo., Day, Year)	disbursement this period
Dynastics  Mailing Address  410 W. Pascagoula St.	The second secon	
Dynastics  Mailing Address  410 W. Pascagoula St.	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00
Dynastics  Mailing Address  410 W. Pascagoula St.  City, State, Zip Code  Jackson	(Mo., Day, Year)	disbursement this period
Dynastics  Mailing Address  410 W. Pascagoula St.  City, State, Zip Code  Jackson	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00
Dynastics  Mailing Address  410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00 \$ 1000.00
Dynastics  Mailing Address  410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00
Dynastics  Mailing Address  410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)  E. Full name	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00 \$ 1000.00  Amount of each disbursement this period
Dynastics  Mailing Address  410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)  E. Full name	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00 \$ 1000.00  Amount of each
Mailing Address 410 W. Pascagoula St. City, State, Zip Code	(Mo., Day, Year)  4 / 14 / 15	\$ 1000.00 \$ 1000.00  Amount of each disbursement this period
Dynastics  Mailing Address 410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)  E. Full name  Mailing Address  City, State, Zip Code	(Mo., Day, Year)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  / /	s 1000.00  Amount of each disbursement this period  Amount of each disbursement this period
Dynastics  Mailing Address 410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)  E. Full name  Mailing Address  City, State, Zip Code	(Mo., Day, Year)  4 / 14 / 15	s 1000.00  Amount of each disbursement this period  Amount of each disbursement this period
Mailing Address 410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)  E. Full name  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)	(Mo., Day, Year)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  Aggregate Year-to-date	s 1000.00  Amount of each disbursement this period  \$ \$ \$ \$ \$ \$ \$
Mailing Address 410 W. Pascagoula St. City, State, Zip Code Jackson Purpose of Disbursement (Optional)  E. Full name  Mailing Address City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name	(Mo., Day, Year)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  Aggregate	s 1000.00  S 1000.00  Amount of each disbursement this period  \$
Mailing Address 410 W. Pascagoula St. City, State, Zip Code Jackson Purpose of Disbursement (Optional)  E. Full name  Mailing Address City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name	(Mo., Day, Year)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  Aggregate Year-to-date  Date Output  Date  Aggregate Year-to-date  Date	disbursement this period \$ 1000.00 \$ 1000.00  Amount of each disbursement this period \$ \$ \$
Mailing Address 410 W. Pascagoula St. City, State, Zip Code Jackson 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)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  Aggregate Year-to-date  Date Output  Date  Aggregate Year-to-date  Date	disbursement this period \$ 1000.00 \$ 1000.00  Amount of each disbursement this period \$ \$ \$  \$  Amount of each disbursement this period \$ \$ \$  \$ \$  \$  \$  \$  \$  \$  \$  \$  \$  \$
Mailing Address 410 W. Pascagoula St.  City, State, Zip Code  Jackson  Purpose of Disbursement (Optional)  E. Full name  Mailing Address	(Mo., Day, Year)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  Aggregate Year-to-date  Date Output  Date  Aggregate Year-to-date  Date	disbursement this period \$ 1000.00 \$ 1000.00  Amount of each disbursement this period \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each disbursement this period
Mailing Address 410 W. Pascagoula St. City, State, Zip Code Jackson 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)  4 / 14 / 15  — / /  Aggregate Year-to-date  Date (Mo., Day, Year)  — / /  Aggregate Year-to-date  Date Output  Date  Aggregate Year-to-date  Date	disbursement this period \$ 1000.00 \$ 1000.00  Amount of each disbursement this period \$ \$ \$  \$  Amount of each disbursement this period \$ \$ \$  \$ \$  \$  \$  \$  \$  \$  \$  \$  \$  \$

John A. Horhn

# Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

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	Secretary of State

Delbert Hosemann

Address P. O., Box 2030	Co	unty_Hinds	Secretary of State Capitol Office
Telephone (Work) 601-359-6217	(Home) 601-362-1045	(Fax)	
Contact Name John Horhn	Email Address	horhn@comcast.net	
Office Sought Senate, District 26	Political Party Demo		
Gheck here if above is different to			
May 8, 2015 Periodic Report (January	TYPE OF RE y 1, 2015, through April 30, 2015)	PORT	Mandatory
X June 10, 2015 Periodic Report (May	1, 2015, through May 31, 2015)		Mandatory
July 10, 2015 Periodic Report (June	1, 2015, through June 30, 2015)		Mandatory
July 28, 2015 Pre-Election Report (Ju	uly 1, 2015, through July 25, 2015)	All Prima	Mandatory ary Candidates and Political Committees
August 18, 2015 Pre-Election Report	(July 26, 2015, through August 15,	2015) All Primary Candidales and i	Runoff Candidates Only
October 9, 2015 Periodic Report (Jul	y 1, 2015, through September 30, 20	115)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October (Independent Candidates report January	er 1, 2015, through October 24, 2015)		Mandatory Ill Candidates and Political Committees
November 17, 2015 Pre-Runoff Repo	ort (October 25, 2015, through Nover	nber 14, 2015) All Candidates and F	Runoff Candidates Only Political Committees in a Runoff Election
January 8, 2016 Periodic Report (Oct	lober 1, 2015, through December 31	, 2015)	Mandatory
Termination Report (Candidate will no lo outstanding campaig		ign expenditures and has no	Required to terminate reporting obligations
	<u>IMPORTANT</u>		
<ol> <li>Pre-Election reports are mandatory, even i indicating "0" (Zero) for total amount of re-</li> </ol>			andidate shall submit a report
(2) Until a Candidate files a Termination Reportand (iii).	rt, annual and periodic reports must st	ill be filed in accordance with I	Miss. Code Ann. § 23-15-807 (b) (ii)

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Non-Itemized This Period Itemized year-to-date Total amount of contributions \$ 12,250 \$13,550 + \$ 1,350 \$ 15,550 Total amount of disbursements \$5,570,33 + \$ 1,500 \$7,070.33 \$ 15,720.33 Total amount of cash on hand \$13,300.99

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

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

Date ( /

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Reporting period May 1, 2015

through May 31, 2015

A. Full name	Date	Amount of each
A to Z Printing	(Mo., Day, Year)	disbursement this period
Mailing Address	5 /20 / 15	\$ 1,800
2125 TV Rd		<b>3</b> 1,000
City, State, Zip Code	1 1	8
Jackson, NS 39204	1 —'—'—	"
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>\$</b> 1,800
9. Full name	Date	Amount of each
Chism Strategies	(Mo., Day, Year)	disbursement this period
Mailing Address	8 24 115	E
2906 N. State St	5 / 1 / 15	<b>S</b> 850
City, State, Zip Code	E (A ) 15	
Jackson, MS 39206	<u>5</u> / <u>4</u> / <u>15</u>	S 1,000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>S</b> 1,850
C. Full name	Date	Amount of each
Sir Speedy	(Mo., Day, Year)	disbursement this period
Mailing Address		6 070.00
2701 N. State St	<u>5</u> / <u>16</u> / <u>15</u>	S 370.32
City, State, Zip Code		ē
Jackson, MS 39206	''-	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 370.32
D. Full name	Date	Amount of each
The Manship	(Mo., Đay, Year)	disbursement this period
Malling Address	5 174 115	<b>\$</b> 1.550.01
1200 N. State St	5 / 28 / 15	<b>\$</b> 1.550.01
City, State, Zlp Code	1 1	g,
Jackson, MS 39202	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>%</b> 1,550.01
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zlp Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Page	Ηt	of	16

Name of Candidate or Committee	John Horhn	
Reporting period May 1, 2015		through May 31, 2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Huntington Ingalls	5 / 22 / 15	\$ [1,000
Mailing Address P. O. Box 149		\$
City, State, Zip Code Pascagoula, MS 39568		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ 1,000
B. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Marian Counseling Services, PLLC	5 , 28 , 15	<b>5</b> 1,000
Malling Address P. O. Box 13509		\$
City, State, Zip Code Jackson, MS 39236	<u></u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$ 1,000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tetehealth ONE, LLC	S 1 27 1 15	\$ 7,000
Mailing Address 1037 Lake Village Circle Sulte A		\$
City, State, Zip Code Brandon, MS 39047		\$ [
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate year-to-date	\$ 1,000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fuff name Steve R. Adams	S / 27 / 15	\$ 1,000
Mailing Address P. O. Box 624		\$
City, State, Zip Code Carrollton, GA 30112		\$
Name of Employer (Required) SoutheasTrans		\$
Occupation (Regulted) Transportation gravider	Aggregate yearto-date	\$ 1,000

Name of Candidate or Committee	John Horhn
Reporting period May 1, 2015	through May 31, 2015

A. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ENPAC MS	5 / 28 / 15	\$ 500
Mailing Address		\$
p. O. Box 1640 City, State, Zip Code		
Jackson, MS 39215	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	S / 28 / 15	\$ 500 :
Richard Brown	<u> </u>	<b>v</b> pao .
Mailing Address		\$
P. O. Box 1132	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code		\$
Jackson, MS 39215	· · · · · · · · · · · · · · · · · · ·	<del>*</del> ;
Name of Employer (Required) MS Malt Beverage Asso		\$ [
Occupation (Required) Lobbylst	Aggregate year-to-date	\$ 500
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
<u>Full name</u>	(Mo., Day, Year)	this period
Full name Business Office Kannextions		<b>\$</b>  500
Full name Business Office Konnextions Mailing Address		<u> </u>
Full name Business Office Kannextions		\$  sca \$
Full name Business Office Konnextions  Mailing Address P. O. Box 13453		<b>\$</b>  500
Full name Business Office Konnextions Mailing Address P. O. Box 13453 City, State, Zip Code		\$  sca \$
Full name Business Office Konnextions  Mailing Address P. O. Box 13453  City, State, Zip Code  Jackson, MS 39236		\$  500 \$   \$
Full name Business Office Konnextions  Mailing Address P. O. Box 13453  City, State, Zip Code  Jackson, MS 39236  Name of Employer (Required)	5 / 28 / 15	\$  500 \$   \$   \$
Full name Business Office Konnextions  Mailing Address  P. O. 80x 13453  City, State, Zip Code Packson, MS 39236  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	5 / 28 / 15  / / / / /  Aggregate year-to-date  Date (Mo., Day, Year)	\$   500   \$   \$   \$   \$   \$   \$   \$   \$   \$
Full name Business Office Konnextions  Mailing Address P. O. Box 13453  City, State, Zip Code Jackson, MS 39236  Name of Employer (Required)  Occupation (Required)  D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)	5 / 28 / 15  / / / / / / / / / / / / / / / / / / /	\$   500   \$   500   \$   500   Amount of each receipt
Full name Business Office Konnextions  Mailing Address P. O. Box 13453  City, State, Zip Code Jackson, MS 39236  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	5 / 28 / 15  / / / / /  Aggregate year-to-date  Date (Mo., Day, Year)	\$   500   \$   \$   \$   \$   \$   \$   \$   \$   \$
Business Office Konnextions  Mailing Address P. O. Box 13453  City, State, Zip Code  Jackson, MS 39236  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Willie Bozeman  Mailing Address  770 N. West St.  City, State, Zip Code	5 / 28 / 15  / / / / /  Aggregate year-to-date  Date (Mo., Day, Year)	\$  500   \$  500   \$  500   \$  500   \$  500
Eull name Business Office Konnextions  Mailing Address P. O. 80x 13453  City, State, Zip Code Jackson, MS 39236  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name Willie Bozeman  Mailing Address  770 N. West St.  City, State, Zip Code Jackson, MS 39202  Name of Employer (Required)	5 / 28 / 15  / / / / /  Aggregate year-to-date  Date (Mo., Day, Year)	\$   500   \$   500   \$   500   \$   500   \$   500   \$   500   \$
Business Office Konnextions  Mailing Address P. O. 80x 13453  City, State, Zip Code  Jackson, MS 39236  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Willie Bozeman  Mailing Address  770 N. West St.  City, State, Zip Code  Jackson, MS 39202	5 / 28 / 15  / / / / /  Aggregate year-to-date  Date (Mo., Day, Year)	\$   500   \$   \$   \$   \$   \$   \$   \$   \$   \$

Name of Candidate or Committee	John Horhn		
Reporting period May 1, 2015		through May 31	1, 2015

A. Source: Corporation PAC Individual Loan  Other (please specify) Non-Profit	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 28 / 15	\$ 500
Stand Up for Mississippiw		
Mailing Address 1378 Broad St		\$
City, Stato, Zip Code	· · · · · · · · · · · · · · · · · · ·	
Calumbia, MS 39429	1_1_1_1	\$
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate year-to-date	\$ 500
B. Source: Corporation PAC individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Major Design Studios, PLI.C	5 / 28 / 15	\$ 500
Mailing Address	,,	\$
1328 Shady St.	<u> </u>	<del>*</del>
City, State, Zip Code Columbus, MS 39701		\$
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 recelpt this period
Full game E. Scott Slater	5 / 28 / 15	\$ 500
Malting Address		
121 Fenwick Circle	<u> </u>	\$
City, State, Zip Code	Y	
Madison, MS 39110	1_1_1_	\$
Name of Employer (Required) unknown		\$
Occupation (Regulred)	Aggregate year⊷to-date	\$ 500
D. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 <b>/</b> 28 <b>/</b> 15	\$ 500
Roy Glapion	<u> </u>	φ μου
Malting Address 2 Annandale Ct		\$ [
City, State, Zip Code New Orleans, LA 70131		\$ [
Name of Employer (Required) The Beta Group		\$ [
Occupation (Required) Construction Materials Tester	Aggregate year-to-date	\$ 500

Name of Candidate or Committee	Jahn Horhn
Reporting period May 1, 2015	through May 31, 2015

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name Joseph Simpson	5 1 28 1 15	\$ 500
Mailing Address	- I	
4143 Crane Blvd	<u> </u>	\$ [
City, State, Zip Code		\$
Jackson, MS 39216	<u> </u>	<b>→</b>
Name of Employer (Required)		\$
Raymond James		
Occupation (Required) Developer	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	5 / 28 / 15	\$ 250
Ouane O'Nelft	·	
Mailing Address		\$
205 Winged Foot Circle		,
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Regulred) Metro Partners		\$
Occupation (Required) Chamber Director	Aggregate year–to-date	\$ 250
C. Source Corporation PAC Individual Loan	, , , , , , , , , , , , , , , , , , , ,	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	5 / 28 / 15	\$ 250
Lee Law Office, PLLC		
Malting Address P. O. Box 712143		\$ [
City, State, Zip Code	F F	
Jackson, MS 39272	<u> </u>	\$
Name of Employer (Reguired)		\$
Occupation (Required)	Aggregate yearto-date	\$ 250
D. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	2 / 28 / 15	*
&ane Dilto	<u>π 1 μα 1 μα</u>	\$ 250
Mailing Address		\$ [
P. O. Box 13925		
City, State, Zip Code Jackson, MS 39236	<u> </u>	\$ [
Name of Employer (Required)		\$
State Street Group	Aggregate	\$ [250
Occupation (Regulred) Developer	year-to-date	\$ 250

Name of Candidate or Committee	John Harhn
Reporting period May 1, 2015	through May 31, 2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5 / 28 / 15	\$ 250
Jody Owens	······································	<b>₩</b> Þū
Mailing Address		\$
109 Inez Owens Dr.	<u></u> '	
City, State, Zip Code		\$
Jackson, MS 39212		Ψ
Name of Employer (Required)		\$
Southern Poverty Law Ctr	<u> </u>	T
Occupation (Required) Attorney	Aggregate	\$ 250
· · · · · · · · · · · · · · · · · · ·	year-to-date	·
B. Source:   Corporation   PAC   Individual   Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	5 / 28 / 15	\$ 250
Grand Trunk Railroad Co.	<u> </u>	<del></del>
Mailing Address		\$ [
2800 Livernoia Ste 300 .	<u></u>	· ·
City, State, Zip Code		\$ [
Troy, MI 48007	<u> </u>	4
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	2 / 28 / 15	\$ 250
Garrett ECUV, LLC		
Mailing Address		\$
2659 Livingston Rd		
City, State, Zip Code		\$
Jackson, MS 39213		
Name of Employer (Required)	1_1_1	\$
Occupation (Required)	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	5 / 28 / 15	\$ 250
MS American Life Ins Co	<u>- ' ' '</u>	Ψ  230
Mailing Address P. O. Box 12449		\$
City, State, Zip Code Jackson, MS 39236		\$
Name of Employer (Regulred)		\$
Occupation (Regulfred)	Aggregate	\$ [350
A CONTRACTOR TO A CONTRACTOR OF THE CONTRACTOR O	year-to-date	<b>5</b> 250

Name of Candidate or Committee	John Horhn
Reporting period May 1, 2015	through May 31, 2015

A. Source: [" Corporation [": PAC   Individual [ Loan   .  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name State Parm MAE-PAC	5 / 28 / 15	<b>\$</b> [2,000
Mailing Address	r	
P. O. Box 2663		\$
City, State, Zip Gode		\$
Puscaloosa, AL 35403	<u> </u>	₹  .
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2,000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$ [
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
		recelpt
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify)	(Mo., Day, Year)	recelpt this period
Other (please specify)  Full name  Maiting Address	(Mo., Day, Year)	recelpt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code	(Mo., Day, Year)	recelpt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)	(Mo., Day, Year)	recelpt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	(Mo., Day, Year)	recelpt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)	recelpt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)	recelpt this period  \$
Other (please specify)  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Mailing Address	(Mo., Day, Year)	recelpt this period  \$

# Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert Hosemann SECRETARY OF STATE



Name of Candidate John Horhn	2.80 m. (CS)	JOE 10 2010
Address P. O. Box 2030	County	Secretary of State Capitol Office
Telephone (Work) 601-359-6217	(Home) 601-362-1045 (Fax)	
Contact Name John Horhn	Email Address Jhorhn@comcast.net	
Office Sought Senate District 26	Political Party Democrat	***
Check here if above is different	t from previous report	
May 8, 2015 Periodic Report (Janua	TYPE OF REPORT  ry 1, 2015, through April 30, 2015)	
June 10, 2015 Periodic Roport (May	r 1, 2015, through May 31, 2015)	Mandatory
X July 10, 2015 Periodic Report (June	1, 2015, through June 30, 2015)	Mandatory
	July 1, 2015, through July 25, 2015)	
August 18, 2015 Pre-Election Repo	rt (July 26, 2015, through August 15, 2015)	Runoff Candidates Only nd Political Committees in a Runoff Election
	uly 1, 2015, through September 30, 2015)	
October 27, 2015 Pre-Election Repo (Primary Election Winners report Octob (Independent Candidates report Janua		Mandatory All Candidates and Political Committees
November 17, 2015 Pre-Runoff Rep	ort (October 25, 2015, through November 14, 2015)	Runoff Candidates Only ad Political Committees in a Runoff Election
January 8, 2016 Periodic Report (O	ctober 1, 2015, Ihraugh December 31, 2015)	
	onger accept contributions or make campalgn expenditures and has no ign debt-obligation)	Required to terminate reporting obligations
	MOODTANT	

### 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 Calendar Itemized Non-Itemized This Period year-to-date Total amount of contributions \$ 4,000 +\$.0-\$4,000 \$ 19,550 Total amount of disbursements \$11,722 +\$400 \$12,172 \$ 27, 892.33 Total amount of cash on hand \$ 8,342.33

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

7/10/15

Date

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

Penalties: Fallure to submit required reports, or fallure 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

- 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

Page	ļΐ	of	2
e.		. ••	

Name of Candidate or Committee	John Horhn
Reporting period June 1, 2015	through June 30, 2015

Full name	period
Motorola Solutions PAC  Mailing Address  1455 Pennsylvania Ave., NW  City, State, Zip Code  Washington, DC 20004  Name of Employer (Required)  Coccupation (Required)  Aggregate year-to-date  B. Source: Corporation   PAC   Individual   Loan   Amount	·····
Mailing Address    1455 Pennsylvania Ave., NW	
City, State, Zip Code  Washington, DC 20004  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  B. Source: Cornoration   PAC   Individual   Loan	
Washington, DC 20004  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  B. Source: Cornoration PAC Individual Loan (Amount)	
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Source: Corporation PAC Individual Loan (Amount)	
Occupation (Required)  Aggregate year-to-date  B. Source: Corneration PAC Individual Loan Amount	
B. Source: Cornoration PAC Individual Loan Amount	
B. Source: Cornoration PAC Individual Loan	
Date	t of each
	period
Full name Integrated Management Services, Inc.  \$ 1,000	
ji negliteti vitalingen en universi, inc	
Mailing Address	
120 Mainte St.	
City, State, Zip Code	
Name of Employer (Required)	
<u> </u>	
Occupation (Required)  Aggregate year-to-date  \$ 1,000	
/Mo Day Yest	t of each eipt erlod
Full name	
Mailing Address	
4268 I-55 N. \$ [	
City, State, Zip Code	
Jackson, MS 39211	
Name of Employer (Required)	
Occupation (Required)  Aggregate year-to-date \$ 500	·i
D. Source: Corporation PAC Individual Loan Date Amount	t of each
Other (please specify) (Mo., Day, Year) rec	eipt seriod
Full name [FI 18]v \$ 500	
EHILBy  Mailing Address	
<u> </u>	
City, State, Zip Code // / / \$	<del></del> :
Name of Employer (Required) \$ \( \scriming \sc	
Occupation (Required)  Aggregate year-to-date  Aggregate	i

Page	2	of	2	

Name of Candidate or Committee	John Horhn
Reporting period June 1, 2015	through June 30, 2015

A. Source: Corporation PAC Individual Loan Cother (please specify)	Đate (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 29 / 15	e [
MS Health Care Assn PAC	<u> </u>	\$ 500
Malling Address		\$
F076 Highland Colony Pwy City, State, Zip Code		. :
Ridgeland, MS 39157		\$ [
Namo of Employer (Required)		7 1
		\$ ,
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify) Education Assa	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 /29 / 15	\$ 1.000
MAE Fund for Children and Public Education	<u> </u>	\$ 1,000
Mailing Address		\$ [
775 N. State St.	· · · · · · · · · · · · · · · · · · ·	T
City, State, Zip Code Jackson, MS 39202		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,000
C. Source Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	, L , L , L , L , L , L , L , L , L , L	o F
	1 1 1	\$
City, State, Zip Code		\$ :
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name	1 1	
	<u> </u>	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$
	A.:	

Reporting period June 1, 2015

through June 30, 2015

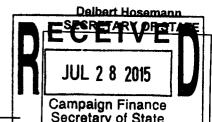
A. Full name	D-1-	
Derrick Tate	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		The state of the s
109 California Place	6 /2 / 15	\$ 150
City, State, Zip Code		
Jaxckson, MS 39213	6 / 8 / 15	S 100
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250
B, Full name		
AZZ Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Maliting Address	(Mo., Day, Fear)	uisoursement uns periou
2125 TV Rd	6 / 2 / 15	\$ 5,022
City, State, Zip Code		
Jackson, MS 39204		\$
Purpose of Disbursement (Optional)	Aggregate	
,	Year-to-date	S 6822
C, Full name	Date	Amount of each
Kim Bracey	(Mo., Day, Year)	disbursement this period
Mailing Address		·
22 Hawthorne Cy	6 / 4 / 15	S 300
City, State, Zip Code		ın.
Madison, MS 39110	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300
D. Full name	Date	Amount of each
Floyd Smith	(Mo., Day, Year)	disbursement this period
Mailing Address	6 40 415	40
165 Camero Dr.	6 / 9 / 15	<b>\$</b> 1,000
Cily, State, Zip Code	6 , 16 , 15	
Jackson, MS 39206	6 / 15 / 15	\$ 1,200
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,200
E. Full name	Date	Amount of each
David Sanders	(Mo., Day, Year)	disbursement this period
Mailing Address		
186 Knallwood Ln	6 / 15 / 15	S 400
City, State, Zip Code		e
Clinton, MS 39056	I —'—'—	\$
Purpose of Disbursement (Optional)	Aggregato	\$ 400
Tarpose of Discussional (Optional)		
	Year-to-date	
F. Full name Kedra Wallace	Year-to-date Date	Amount of each
F. full name	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period
F. Full name Kedra Wallace	Year-to-date Date	Amount of each
F. Full name Kedra Wallace Mailing Address 51] Greenmont	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period S 500
F. Full name Kedra Wallace Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period

Reporting period June 1, 2015

through June 30, 2015

A. Full name Trey Daniels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(mey 2-ay) read	-
P. O. Box 2264	6 / 15 / 15	\$ 800
City, State, Zip Code		4.
Jackson, MS 39225		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S 800
B. Full name	7.111111	A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1
8easley Denson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(,,, , , , , , , , , , , , , , ,	
Standing Pine	//	S 1,000
City, State, Zlp Code		
Carthage, MS		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000
C. Full name	Date	Amount of each
Ernestine Strange	(Mo., Day, Year)	disbursement this period
Mailing Address	6 / 28 / 15	\$ 1,000
1554 Pat Luckett Rd	6 / 28 / 15	35 1,000
City, State, Zip Code	, ,	\$
Carthage MS 39051		] 3
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000
D. Full name	Date	Amount of each
Medgar Evers Homecoming	(Mo., Day, Year)	disbursement this period
Mailing Address	5 430 415	61
3038 Pecan Park Circle	<u>6</u> / <u>29</u> / <u>15</u>	S 300
City, State, Zip Code	, ,	
Jackson, MS 39209	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
Clty, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	/	\$
City, State, Zip Gode		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election



	me of Candidate	Campaign Finance
Ad	dress P. O. Box 2030 County Hinds	Secretary of State
Tel	ephone (Work) 601-359-6217 (Home) 601-362-1045 (Fax)	
Co	ntact Name_John Horhn Email Address jhorhn@comcast.net	
Off	ice Sought Senate District 26 Political Party Democrat	
	Check here if above is different from previous report	
	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	
	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandator
	<b>July 10, 2015 Periodic Report</b> (June 1, 2015, through June 30, 2015)	Mandator
;	✓ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	mandatory
	All Primar August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	y Candidates and Political Committee.
	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandaton
	October 27, 2015 Pre-Election Report	Mandatory Candidates and Political Committees
	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only litical Committees in a Runoff Election
	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
	<b>Termination Report</b> (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt_obligation)	Required to terminate reporting obligations
(1)	IMPORTANT  Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the car indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.	ndidate shall submit a report
	Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Mis	ss. Code Ann. § 23-15-807 (b) (li)

REPORTED CONTRIBUTIONS AND DISBURSEMENTS **Itemized** Non-Itemized Calendar This Period year-to-date Total amount of contributions \$ 12,000 + \$ 1400 \$13,400 \$ 32,950 Total amount of disbursements \$8657 + \$ 750 \$9007 \$ 36, 899.33 Total amount of cash on hand \$ 9.569.67

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

I certify examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of

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:

acceptable.

- 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

Page	1	of	4
-			

Name of Candidate or Committee	John Horhn
Reporting period 7/1/15	through 7/25/15

A Same Fig. 11	. •	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	(mo., Bay, Tear)	this period
Pinnacle Entertainment, Inc.  Mailing Address	7 1 13 1 15	\$ 1,000
3980 Howard Hughes Pkwy		•
City, State, Zip Code	<u>  ' '                         </u>	\$
Las Vegas, NV 89169		£
Name of Employer (Required)	<u> </u>	\$
		\$
Occupation (Required)	Aggregate	
B Course C C	year-to-date	\$ 1,000
B. Source: Corporation V PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name	(moi, buy, rour)	this period
MACPAC	7 /13 /15	\$ 1,000
Malling Address		<b>♥</b>  1,000
711 N. President St		\$
City, State, Zip Code		<b>\</b>
Jackson, MS 39205		\$
Name of Employer (Required)	<u> </u>	4
Required)		\$
Occupation (Required)		<u> </u>
	Aggregate	\$ 1,000
C. Source Corporation PAC Individual Loan	year-to-date	
	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		—————
MS Malt Bev Assn PAC	7 / 13 / 15	\$ 2,500
Mailing Address		
P. O. Box 1132	<del>'</del>	\$
City, State, Zip Code		
Jackson, MS 39215	<u>//</u>	\$
Name of Employer (Required)	<u></u>	
	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 2,500
D. Source: Corporation PAC Individual Loan		Amount of each
Other (started 15.1)	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Atmos Energy Corp PAC	7 / 13 / 15	\$ 500
Mailing Address	<u> </u>	<b>4</b> 1500
5430 LBJ Freeway, Ste 160		\$
City, State, Zip Code		<del> </del>
Dallas, TX 75240		\$
Name of Employer (Required)		
Occupation (Required)	<u>                                     </u>	\$
MANAGEMENT CONTROLLER		
- Constitution (Nogumou)	Aggregate year-to-date	\$ 500

Page	2	of	4

Name of Candidate or Committee	John Horhn
Reporting period 7/1/15	through 7/25/15

	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	(mon, buy, rear)	this period
Denbury	7 / 13 / 15	\$ 500
Mailing Address		
5320 Legacy Dr.  City, State, Zip Code	<u>                                     </u>	\$
Plano, TX 75024		\$
Name of Employer (Required)		4
Occupation (Required)		\$
/ /	Aggregate	\$ 500
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Full name	<del> </del>	this period
Independent Ins. Agents of MS PAC	7 / 22 / 15	\$ 500
Mailing Address		
124 Riverview Dr.		\$
City, State, Zip Code		
Flowood, MS 39232		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 500
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Anheuser Busch	7 / 22 / 15	\$ 500
Malling Address	F.F.	
1200 Lynch St	//	\$
City, State, Zip Code		•
St. Louis, MO 63/1 \$	<u>'''</u> '	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500
D. Source: Corporation V PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
ull name	7 / 22 / 15	
MHA PAC Mailing Address	<u>                                      </u>	\$ 500
P. O. Box 1909		\$
City, State, Zip Code		
Madison, MS 39130	<u> </u>	\$
lame of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500
	year-to-date	P00

Page	3	of	4
		-	<u></u>

Name of Candidate or Committee	John Horhn
Reporting period 7/1/15	through 7/25/15

A Sauran E 0 and E 200 E		
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	<del>                                      </del>	
Godwin Dafe	7 / 22 / 15	\$ 500
Mailing Address	<del> </del>	
2424 Bailey Ave Ext. Ste C	<u>                                     </u>	\$
City, State, Zip Code	<del> </del>	
Unckson, MS 39213	<u> </u>	\$
Name of Employer (Required)	<del> </del>	,
State Farm	<u> </u>	\$
Occupation (Required)	Aggregate	
insurance agent	year-to-date	\$ 500
B. Source: Corporation PAC Individual Loan		Amount of each
20 41	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	7 /22 / 15	
Centene Management Co.	\\ \frac{\beta}{\beta} \sum_{\beta \in \text{1}} \sum_{\beta \in \text	\$ 1,000
Mailing Address	F .F .F	
Centene Corp		\$
City, State, Zip Code		
St. Louis, MO 63105	/ /	\$
Name of Employer (Required)	$\Gamma$ , $\Gamma$ , $\Gamma$	\$
Occupation (Required)		
	Aggregate year–to-date	\$ 1,000
C. Source Corporation PAC / Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Full name		this period
William Cooley	7 / 22 / 15	\$ 1,000
Mailing Address		·
1116 Hallmark Dr	<u> </u>	\$
City, State, Zip Code		
Jackson, MS 39206	<u>                                   </u>	\$
Name of Employer (Required)	<u></u>	
Systems, Inc.	<u>                                     </u>	\$
Occupation (Required)	Aggregate	\$ 1,000
Manufacturer	year-to-date	\$ 1,000
D. Source: 🔽 Corporation 📄 PAC 🦳 Individual 🦳 Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
	(Mo., Day, Tear)	this period
Full name Comcast Corp	7 / 22 / 15	\$ 500
Mailing Address		
1701 JFK Blvd		\$
City, State, Zip Code		· · · · · · · · · · · · · · · · · · ·
Philadelphia, PA 19103	<u>                                     </u>	\$
lame of Employer (Required)		
	<del>  </del>	
Desiration (Desiring)		\$
Occupation (Required)	Aggregate year-to-date	\$   <sub>500</sub>

TAKE 1. OI 1.	Page	4	of	4
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Name of Candidate or Committee	John Horhn		
Reporting period 7/1/15		through 7/25/15	

A. Source: Corporation PAC Individual Loan		
Other (please specify) trade association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	7 / 22 / 15	†
Optometry for Progress	7 / 22 / 15	\$ 500
Mailing Address	<u> </u>	
141 Executive Dr., Ste 5	<u>                                   </u>	\$
City, State, Zip Code		
Jackson, MS 39110	<u> </u>	\$
Name of Employer (Required)	<del> </del>	, , , , , , , , , , , , , , , , , , ,
	[ <u>                                    </u>	\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 500
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	your to date	Amount of cook
	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	E 55 55	
MPC PAC	7 / 23 / 15	\$ 500
Mailing Address		
P. O. Box 4079	<u>                                   </u>	\$
City, State, Zip Code		
Gulfport, MS 39502		\$
Name of Employer (Required)		
	<u>                                     </u>	\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 500
	year-to-uate	,
C. Source Corporation PAC Individual Loan		<u>'</u>
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Dental PAC	Date	Amount of each receipt
Other (please specify)  Full name  MS Dental PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Dental PAC  Mailing Address  439 B Katherine Dr	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Dental PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000
Other (please specify)  Full name  MS Dental PAC  Mailing Address  439 B Katherine Dr	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code	Date (Mo., Day, Year)  7 / 23 / 15	Amount of each receipt this period  \$ 1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code  Flowood, MS 39232  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code  Flowood, MS 39232	Date (Mo., Day, Year)  7 / 23 / 15	Amount of each receipt this period  \$ 1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  7 / 23 / 15	Amount of each receipt this period  \$ 1,000  \$ 1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address 439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each receipt
Other (please specify)  Full name MS Dental PAC  Mailing Address 439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  7 / 23 / 15  1 / 1  1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each receipt
Other (please specify)  Full name MS Dental PAC  Mailing Address 439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each receipt this period  \$ 1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 8 Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each receipt this period
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each receipt this period  \$ 1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 8 Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$   1,000  \$   1,000  Amount of each receipt this period  \$   1,000
Other (please specify)  Full name MS Dental PAC  Mailing Address  439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$ 1,000  Amount of each receipt this period  \$
Other (please specify)  Full name MS Dental PAC  Mailing Address 439 B Katherine Dr  City, State, Zip Code Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code	Date (Mo., Day, Year)  7 / 23 / 15  1 / / /  1 / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000  \$   1,000  \$   1,000  Amount of each receipt this period  \$   1,000

Reporting period 7/1/15

through <sup>7/25/15</sup>

A. Full name		
Derrick Tate	Date (Mo., Day, Year)	Amount of each
Mailing Address	(MO., Day, Tear)	disbursement this period
109 California Place	<u>7</u> / <u>1</u> / <u>15</u>	\$ 100
City, State, Zip Code		
Jackson, MS 39213	<u>7</u> / <u>24</u> / <u>15</u>	<b>\$</b> 75
Purpose of Disbursement (Optional)	A	
	Aggregate Year-to-date	\$ 425
B. Full name	Date	A
Greta Bully	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(o., Day, Toul)	dispulsement this period
975 Bailey Ave	7 / 8 / 15	\$ 450
City, State, Zip Code		
Jackson, MS 39213	//	<b>\$</b>
Purpose of Disbursement (Optional)	Aggregate	
	Aggregate Year-to-date	<b>\$</b> 450
C. Full name		A
John Horhn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(moi, Duy, Tour)	disputsement this period
P. O. Box 2030	<u>7</u> / <u>11</u> / <u>15</u>	\$ 600
City, State, Zip Code		
Jackson, MS 39225	$\frac{7}{25}$ / $\frac{15}{15}$	<b>\$</b> 500
Purpose of Disbursement (Optional)	Aggregate	
Petty cash for office and canvassers	Aggregate Year-to-date	<b>\$</b> 1100
D. Full name	Date	Amount of a at
Susan Banks	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		are pariounione tino poriou
2910 McGuffee Rd	7 / 13 / 15	<b>\$</b> 750
City, State, ZIp Code		
Clinton, MS 39056	$\frac{7}{2} / \frac{22}{15}$	<b>\$</b> 1360
Purpose of Disbursement (Optional)	Aggregate	
	Year-to-date	<b>\$</b> 2110
E, Full name	Date	Amount of each
A2Z Printing	(Mo., Day, Year)	disbursement this period
Mailing Address		
2125 TV Rd.	7 / 14 / 15	\$ 3402
City, State, Zip Code		•
Jackson, MS 39204	''	\$
Purpose of Disbursement (Optional)	Aggregate	¢
	Year-to-date	\$ 10,224
F. Full name	Date	Amount of each
Natchez Jr. College Alumni c/o Clotie Graves	(Mo., Day, Year)	disbursement this period
Malling Address	7 /15 /15	\$ 300
P. O. Box 433	7 / 15 / 15	\$ 300
City, State, Zip Code	, ,	•
Gulfport, MS 39052		<b>\$</b>
Purpose of Disbursement (Optional)	Aggregate	\$ 200
	Year-to-date	\$ 300

Reporting period 7/1/15

through 7/25/15

A. Full name	Deta	
Corey Stewart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		dispursement this period
1948 Linda Ln	7 / 16 / 15	<b>\$</b> 500
City, State, Zip Code		
Jackson, MS 39213	7 / 16 / 15	<b>\$</b> 120
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ 620
B. Full name		
Charles Davis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(o., Day, Toal)	disputsement this period
355 Iroqois St	<u>7</u> / <u>21</u> / <u>15</u>	<b>\$</b> 500
City, State, Zip Code		
Jackson, MS 39213	//	\$
Purpose of Disbursement (Optional)		
, ,	Aggregate Year-to-date	<b>\$</b> 500
C. Full name		
	Date (Mo. Day Year)	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
	/ /	\$
City, State, Zip Code		
-	, ,	\$
Purpose of Disbursement (Optional)		
· a.poso of Disbursoniant (Optional)	Aggregate	\$
D. Full name	Year-to-date	
o. i un name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
mailing Address	, ,	<b>\$</b>
City, State, Zip Code		
Oity, State, Zip Code	, ,	\$
Dumas of Disharman 4/0 // D		<b>J</b>
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
E. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		¢
		\$
City, State, Zip Code	, ,	\$
		J
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	J
F. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	, ,	\$
	//	J)
City, State, Zip Code	, ,	•
	'	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	J

John Horhn Name of Candidate\_\_

## **Candidate**

## REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert Hosemann SECRETARY OF STATE			
<b>b</b>	FCELVEN		
Į.	OCT 1 2 28%		
1	Socratory of State		

Capitol Office

Address P. O. Box 2030		County Hinds	Capitol Office
Telephone (Work) 6013596217	(Home) 6013621045	(Fax)	
Contact Name John Horhn		ss_jhorhn@comcast.net	
Office Sought Senate District 26	Political Party	<del></del>	
_			
Check here if above is different t		PEDOPT	
May 8, 2015 Periodic Report (January	1, 2015, through April 30, 2015	* REPORT *)	Mandatory
June 10, 2015 Periodic Report (May	1, 2015, through May 31, 2015).		Mandatory
July 10. 2015 Periodic Report (June	1, 2015, through June 30, 2015)		Mandatory
July 28, 2015 Pre-Election Report (J	uly 1, 2015, through July 25, 201	5)	Mandatory  Candidates and Political Committees
August 18, 2015 Pre-Election Repor		All I filliary Carialidates and .	
X October 9, 2015 Periodic Report (Jul	y 1, 2015, through September 3	0, 2015)	Mandatory
October 27, 2015 Pre-Election Repo (Primary Election Winners report October (Independent Candidates report Januar	rt er 1, 2015, through October 24, 2015 y 1, 2015 through October 24, 2015)		Mandatory Candidates and Political Committees
November 17, 2015 Pre-Runoff Repo	ort (October 25, 2015, through N	lovember 14, 2015)	Runoff Candidates Only litical Committees in a Runoff Election
January 8, 2016 Periodic Report (Oc	tober 1, 2015, through December	er 31, 2015)	Mandatory
Termination Report (Candidate will no le			Required to terminate reporting obligations
	IMPORTA	NT	ndidate shall submit a report
(1) Pre-Election reports are mandatory, even indicating "0" (Zero) for total amount of re	BOLLed Couttibritions and exheur	itures daming time beneau	
(2) Until a Candidate files a Termination Repo	ort, annual and periodic reports m	ust still be filed in accordance with M	
(3) The Secretary of State must be in actual r holiday, the office must be in actual recei acceptable.	eceipt of the required reports by 5 pt of the required reports by 5:00	i:00 p.m. on the reporting day. If the open. on the first working day before the	deadline falls on a weekend or a needeadline. Faxed reports are
acceptable.	REPORTED CONTRIBUTI	ONS AND DISBURSEMENTS	Calendar
Itemized	+ Non-Itemized	This Period	year-to-date
Total amount of contributions \$ 8500	+\$ 3000	\$ 11,500	<b>\$</b> 44,450
Total amount of disbursements \$ 12,990.4	7 +\$ 500	\$13,490.47	\$ 50,389.80
Total amount of cash on hand		\$ 5939.80	
	this report and to the best of my	knowledge and belief it is true, acc	curate, and complete.
	<del>}</del>	10/12/15	
Signature of Candidate		Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (1) Penalties: Failure to submit required reports, or fines of \$50 per day and/or prosecution in accord			submit valid reports shall result in

### 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

Page	1	of	2

Name of Candidate or Committee	John Horhn	
Reporting period July 1, 2015		through September 30, 2015

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Truck PAC	7 / 30 / 15	\$ 500
Mailing Address		
825 N. President	<u>//</u>	\$
City, State, Zip Code		A [
Jackson, MS 39202	<del>  _ /   _ /   _  </del>	\$
Name of Employer (Required)		\$
Name of Employer (Requires)	<u>'''</u>	<b>1</b>
Occupation (Required)	Aggregate year-to-date	\$ 500
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	7 / 30 / 15	\$ 1050
Rehabilitation Centers, LLC	<u>" / Po / 1115   </u>	\$ 250
Mailing Address	F ,F ,F	\$
100-A Jadek Dr. NE	<del>'</del>	<b>Ψ</b>
City, State, Zip Code		\$
Magee, MS 39111	<u>  '' '</u>	<b>1</b>
Name of Employer (Required)	匚/匚/匚	\$
	Aggregate	
Occupation (Required)	year-to-date	\$ 250
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	5 5 5	<b>1</b>
Full name RAI Services Co.	7 / 30 / 15	\$ 1000
Mailing Address		\$
P. O. Box 2990	\ \ <u> </u>	Ψ
City, State, Zip Code		\$
Winston-Salem, NC 27102		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
P. Saures Corporation C. PAC Individual C. Loan		Amount of each
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
	8 / 5 / 15	<b>\$</b> [5000
Full name Ray Neilsen	<u> 8</u>	\$ 5000
Mailing Address		\$
3412 Pemberton Blvd Ste 2-148	<u> </u>	<u> </u>
City, State, Zip Code		\$
Vicksburg, MS 39180	+====	+ -
Name of Employer (Required)	<u> </u>	\$
Self-employed	Aggregate	\$ 5000
Occupation (Required)  Developer	year-to-date	
postaria.		

Page	2	of	2

Name of Candidate or Committee John Horhn	
Reporting period July 1. 2015	_ through September 30, 2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 24 / 15	\$ 1000
IMS Logistics, LLC	<del></del>	
Mailing Address	1_/1_/1_	\$
151 Nissan Way Suite F		
City, State, Zip Code	<u> </u>	\$
Canton, MS 39046		<b>*</b>
Name of Employer (Required)	<u>'''</u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name	8 / 25 / 15	\$ 500
Alfrado Donelson	<del></del>	
Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
1399 9th Ave, Ste 218  City, State, Zip Code		\$
San Diego, CA 92101	<u>'' '</u> ' <u>'</u>	Ψ
Name of Employer (Required)		\$
Baker Donelson	Aggregate	
Occupation (Required)	year-to-date	\$ 500
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name	8 / 25 / 15	\$ 250
Kroger	<del>                                   </del>	
Mailing Address	\ <u>\</u> '\'\-	\$
1024 Vine St		\$
City, State, Zip Code Cincinnati, OH 45202	\ <del>'</del> '' <del></del>	Ψ
Name of Employer (Required)		\$
Name of Employer (Required)	<u>                                     </u>	<u> </u>
Occupation (Required)	Aggregate year–to-date	\$ 250
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(11101, 22), 132,	this period
Full name		\$
Mailing Address		. \$
City, State, Zip Code	1 二 二	. \$
	<del> </del>	•
Name of Employer (Required)	<u> </u>	\$ =====
Occupation (Required)	Aggregate year–to-date	\$

Name of Candidate or Committee John Horhn

Reporting period July 1, 2015

through September 30, 2015

. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
usan Irvin	(MO., Day, Teal)	alandianiani ma hama
failing Address	8 / 3 / 15	<b>\$</b> 715
910 McGuffee Rd		
City, State, Zip Code	8 / 5 / 15	<b>\$</b> 750
linton, MS 39056		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>\$</b> 3575
3. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sir Speedy		
Mailing Address	7 / 29 / 15	<b>\$</b> 530.16
2701 N. State St		
City, State, Zip Code	9 / 13 / 15	\$ 176.31
Jackson, MS 39216 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1076.79
		Amount of each
C. Full name	Date (Mo., Day, Year)	disbursement this period
Earl Clowers		<b>A</b>
Mailing Address	$\frac{7}{1} / \frac{27}{15} / \frac{15}{15}$	\$ 300
4215 Midway Rd		
City, State, Zip Code	8 / 1 / 15	\$ 300
Raymond, MS 39154	Aggregate	
Purpose of Disbursement (Optional)	Year-to-date	\$ 600
D. Full name	Date	Amount of each disbursement this period
Derrick Tate	(Mo., Day, Year)	dispuisement the period
Malling Address	7 / 27 / 15	\$ 50
109 California Pl		
City, State, Zip Code	//	\$
Jackson, MS 39213		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400
E. Full name	Date	Amount of each disbursement this period
Jacarie Bowling	(Mo., Day, Year)	dispursement this period
Mailing Address	7 / 30 / 15	<b>\$</b> 150
4642 Norway Dr		
City, State, Zip Code	8 / 10 / 15	\$ 300
Jackson, MS 39206		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 450
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Franz, LLC	(MO., Day, 1 ear)	
Mailing Address	<u>7</u> / <u>30</u> / <u>15</u>	\$ 300
507 Springridge Rd, Ste F		
City, State, Zip Code	8 / 1 / 15	\$ 300
Clinton, MS 39056	Aggregate	
Clinton, M3 39030		\$ 600

John Horhn

Reporting period July 1, 2015

through September 30, 2015

Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
s My Pass	(mei, zey, rez,	
iling Address	$\frac{8}{1} / \frac{1}{1} / \frac{15}{1}$	<b>\$</b> 350
6 Cedarmont St		
ry, State, Zip Code	//	\$
kson, MS 39212		
rpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 350
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ben Evans		
ailing Address	8 / 1 / 15	<b>\$</b> 75
2 Longwood Dr		
ty, State, Zip Code	8 / 5 / 15	\$ 220
inton, MS 39056	A	
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 295
. Full name	Date	Amount of each
atherine Davis	(Mo., Day, Year)	disbursement this period
lailing Address	8 / 3 / 15	\$ 400
o St Thomas MB Church 4699 St. Thomas Rd		
ity, State, Zip Code	, ,	\$
olton, MS 39041		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400
	Date	Amount of each
). Full name	(Mo., Day, Year)	disbursement this period
lohn Horhn	8 / 4 / 15	\$ 5000
Mailing Address	\ \frac{1}{2} \frac{1}{2} \]	Ψ 3000
5035 Waverly Dr.	, ,	\$
City, State, Zip Code	'	3
Jackson, MS 39206	Aggregate	\$ 6100
Purpose of Disbursement (Optional)	Year-to-date	
Pollworkers on Election Day	Date	Amount of each
E. Full name	(Mo., Day, Year	disbursement this period
Calvin Clayton	0 , 17 , 15	\$ 374
Mailing Address	8 / 17 / 15	<b>3</b> 3/4
1675 I-55 South Frontage Rd		\$
City, State, Zip Code	-/-/-	<b>.</b>
Byram, MS	Aggregate	\$ 374
Purpose of Disbursement (Optional)	Year-to-date	
F. Full name	Date (Mo., Day, Year	Amount of each disbursement this perio
Eric Stringfellow		
Mailing Address	$\frac{8}{23} / \frac{23}{15}$	\$ 400
1100 John R. Lynch		
City, State, Zip Code	'	.   \$
Jackson, MS 39203		

Reporting period July 1, 2015

through September 30, 2015

A, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
lessalynn Stegall		
Mailing Address	8 / 30 / 15	\$ 300
/o Mt Calvary MB Church 350 Hillcrest St		
City, State, Zip Code	/	\$
lackson, MS 39213	Aggregate	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Beasley Denson	(Mo., Day, Tour,	
Mailing Address	8 / 24 / 15	<b>\$</b> 1000
1802 Standing Pine Rd		
City, State, Zip Code	//	\$
Walnut Grove, MS 39189		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2000
C. Full name	Date	Amount of each
Isaiah Madison Scholarship Fund	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 22 / 15	\$ 1000
JSU Development Office 1400 John R. Lynch St		
City, State, Zip Code	/ /	\$
Jackson, MS 39217		<b>"</b>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1000
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
Malling 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	\$

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann
	SECRETARY OF STATE
	Secenaed
L	UU1 2 7 2015

John Horhn Name of Candidate Secretary of State Address P. O. Box 2030 Hinds Capitol Office County \_(Home)<sup>601-362-1045</sup> Telephone (Work)\_601-359-6217 (Fax) Email Address jhorhn@comcast.net Contact Name John Horhn Office Sought Senator, District 26 Check here if above is different from previous report TYPE OF REPORT All Primary Candidates and Political Committees All Primary Candidates and Political Committees in a Runoff Election All Candidates and Political Committees (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015) November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) .......Runoff Candidates Only All Candidates and Political Committees in a Runoff Election Required to terminate \_Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) reporting obligations IMPORTANT Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report

#### acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar This Period Non-Itemized Itemized year-to-date \$1,500.00 \$45,950.00 Total amount of contributions \$1,000.00 + \$ 500.00 \$52,989.80 \$2,600,00 Total amount of disbursements \$1,500.00 + \$ 1,100.00 \$4,839.80 Total amount of cash on hand

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)

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

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 10/27/15 Date

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

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

#### SEND TO:

Signature of Candidate

- 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

indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

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Page		of	

Name of Candidate or Committee	John Horhn
Reporting period Oct 1, 2015	Oct 25, 2015

A. Full name Democratic Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 775 N. Congress St	10 / / 15	\$ <sup>500.00</sup>
City, State, Zip Code Jackson, MS 39202	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
B. Full name JSU Development Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 17	10 / 23 / 15	<b>\$</b> 1000.00
City, State, Zip Code Jackson, MS 39217	//	\$
Purpose of Disbursement (Optional) William (Bill) Cooley Scholarship Fund	Aggregate Year-to-date	\$ 2000.00
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	11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

Page	1	of	Īī.
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Name of Candidate or Committee	John Horhn
Reporting period Oct 1, 2015	through October 25, 2015

A. Source:   Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify):	10 / 5 / 15	\$ 250.00
Takeda Pharmaceuticals		
Mailing Address	<u>                                   </u>	\$
One Takeda Pwy		
City, State, Zip Code	<u>                                   </u>	\$
Deerfield, IL 60015	<del></del>	<u> </u>
Name of Employer (Required)	! / !	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	l	
Full name	10 / 5 / 15	\$ 250.00
MCPA PAC	<del>   </del>	
Mailing Address	/   /	\$
P. O. Box 16630		
City, State, Zip Code	1 / /	\$
Jackson, MS 39236	FIF	\$
Name of Employer (Required)	\ <u>''</u>	
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Office (blease speed)	10 / 5 / 15	\$ 500.00
MS Primary Health Care Assn PAC	110 / 15 / 110	1500.00
Mailing Address		\$
6400 Lakeover Rd., Ste A	1 = = =	
City, State, Zip Code	<b>→</b> □ / □ / □	\$
Jackson, MS 39213	+= = =	
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year	Amount of each receipt this period
Other (please specify)		\$
Full name		-   •
Mailing Address		_ \$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$



**Delbert Hosemann SECRETARY OF STATE** 



Name of Candidate			3/4(1 0 0 2010
Address P. O. Box 2030	Co	unty Hinds	Secretary of State Capitol Office
Telephone (Work) 601-359-6217	(Home) 601-362-1045	(Fax)	
Contact Name John Horhn	Email Address	horhn@comcast.net	·
Office Sought Senate Dist 26	Political Party Demo	ocrat	
Check here if above is different	from previous report		
May 10, 2016 Periodic Report (Janu	TYPE OF RE		Mandatory
June 10, 2016 Periodic Report (May			•
July 8, 2016 Periodic Report (June 1	, 2016, through June 30, 2016)		Mandatory
October 10, 2016 Periodic Report (	uly 1, 2016, through September 30, 2	016)	Mandatory
November 1, 2016 Pre-Election Rep	ort (October 1, 2016, through Octobe	r 22, 2016)	Mandatory
		All General and Special Election	on Candidates and Political Committees
November 22, 2016 Pre-Runoff Rep	ort (October 23, 2016, through Nover	nber 14, 2016)	Runoff Candidates Only
		All Candidates and Pol	itical Committees in a Runoff Election
January 10, 2016 Periodic Report (0	October 1, 2016, through December 3	1, 2016)	Mandatory
Termination Report (Candidate will no l outstanding campa	onger accept contributions or make campa ign debt obligation)	ign expenditures and has no	Required to terminate reporting obligations

### **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)
- 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.

Itemized	+ Non-Itemized	ONS AND DISBURSEMENTS This Period	Calendar year-to-date
Total amount of contributions \$3750.00	+\$ 1600	\$ 5350	\$ 49,800.00
Total amount of disbursements \$ 3100.00	+\$ 700.00	\$ 3,800.00	\$ 54,189.80
Total amount of cash on hand		\$ 7,489.80t	

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, 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.

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Name of Candidate or Committee	John Horhn	
Reporting period Oct 1, 2015		through Dec 31, 2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Altria Client Services, LLC	12 / 21 / 15	\$ 250.00
Mailing Address P. O. Box 85088	$\Box$ , $\Box$ , $\Box$	\$
City, State, Zip Code Richmond, VA 23285		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	_ ' _ ' _	\$
City, State, Zip Code	/_/_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	「「「」	\$
Name of Employer (Required)	「「「「	\$
Occupation (Required)	Aggregate year–to-date	\$

Page	1	of	3
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Name of Candidate or Committee	John Horhn
Reporting period Oct 1, 2015	through Dec 31, 2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 5 / 15	\$ 250.00
Takeda Pharmaceuticals	<u> </u>	
Mailing Address	<u> </u>	\$
One Takeda Parkway  City, State, Zip Code	<del></del>	
Deerfield, IL 60015	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	10 / 5 / 15	\$ 250.00
мсра рас		
Mailing Address		\$
P. O. 16830  City, State, Zip Code	Г	\$
Jackson, MS 39236	<del>'                                   </del>	<u> </u>
Name of Employer (Required)	「「「「	\$
Occupation (Required)	Aggregate	\$ 250.00
Occupation (require)	year-to-date	<u> </u>
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	G E . G	A F
Full name MS Primary Healthcare Assn PAC	10 / 5 / 15	\$ 500.00
Mailing Address	F /F /F	\$
6400 Lakeover, Ste A	<u> </u>	•
City, State, Zip Code		\$
Jackson, MS 39213		
Name of Employer (Required)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	11 /11 /15	\$ 500.00
Wal-Mart Stores PAC	<del> </del>	
Mailing Address 702 SW 8th St	/ /	\$
City, State, Zip Code		\$
Bentonville, AR 72706	<del>                                     </del>	
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

Page	2	of	3

Name of Candidate or Committee	John Horhn
Reporting period Oct 1, 2015	through Dec 31, 2015

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sierra Club PAC	11 / 13 / 15	\$ 500.00
Mailing Address		
P. O. Box 4335	<u>                                     </u>	\$
City, State, Zip Code	<del>Г.Г.</del> Г	<u> </u>
Jackson, MS 39216	<u>'</u> ''''	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
. Source: Corporation PAC Individual Loan Date		Amount of each receipt
Other (please specify)	(Mo., Day, Year)	
Full name	11 /13 /15	\$ 500.00
Distilled Spirits Council US		Ф роболо
Mailing Address		\$
1250 Eye St, NW		`
City, State, ZIp Code Washington, DC 20005		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 13 / 15	\$ 500.00
Caremark RX		<b>V</b>
Mailing Address		\$
P. O. Box 287  City, State, Zip Code		
Lincoln, 02895Rhode Island	<u>                                    </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00L
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 21 / 15	\$ 500.00
LKQ Corp Employee PAC		, ,
Mailing Address 500 W. Madison St, Ste 2800	<u>   / / </u>	\$
City, State, Zip Code Chicago, IL 60661		\$
Name of Employer (Required)	<del>-,-,-</del>	•
	<u>  '                                  </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00