

**Delbert Hosemann**  
**SECRETARY OF STATE**

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

RECEIVED  
MAY 08 2015

Secretary of State  
Capitol Office

**Name of Candidate** John Horhn

**Address** 6035 Waverly Dr. **County** Hinds

**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 from previous report

### TYPE OF REPORT

TYPE OF REPORT		
<input checked="" type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$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**

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:**

1. *Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545*
2. *Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk*
3. *Candidates for Municipal office should return forms to the Municipal Clerk*

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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Enterprise Holdings, Inc.</u>		<u>2</u> / <u>3</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>500 Corporate Park Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Assn for Home Care State PAC</u>		<u>2</u> / <u>3</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>134 Fairmont St, Ste B</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Centene Management Co., LLC</u>		<u>2</u> / <u>27</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>Centene Corporation</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>



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

## ITEMIZED DISBURSEMENTS

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

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

RECEIVED

JUN 10 2015

Secretary of State  
Capitol Office

Name of Candidate John A. Horhn

Address P. O. Box 2030 County Hinds

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 from previous report

**TYPE OF REPORT**

\_\_\_\_ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... **Mandatory**

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*All Primary Candidates and Political Committees*

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(Primary Election Winners report October 1, 2015, through October 24, 2015) *All Candidates and Political Committees*  
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**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$ 12,250	+ \$ 1,350	\$ 13,550	\$ 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	

*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 [Signature]

Date 6/10/15

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

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

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Name of Candidate or Committee John Horhn

Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
A to Z Printing	5 / 20 / 15	\$ 1,800
<b>Mailing Address</b>		
2125 TV Rd		
<b>City, State, Zip Code</b>		
Jackson, MS 39204		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,800
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Chism Strategies	5 / 4 / 15	\$ 850
<b>Mailing Address</b>		
2906 N. State St		
<b>City, State, Zip Code</b>		
Jackson, MS 39206		\$ 1,000
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,850
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Sir Speedy	5 / 16 / 15	\$ 370.32
<b>Mailing Address</b>		
2701 E. N. State St		
<b>City, State, Zip Code</b>		
Jackson, MS 39206		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 370.32
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
The Marship	5 / 28 / 15	\$ 1,550.01
<b>Mailing Address</b>		
1200 N. State St		
<b>City, State, Zip Code</b>		
Jackson, MS 39202		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,550.01
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
		\$
<b>Mailing Address</b>		
		\$
<b>City, State, Zip Code</b>		
		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
		\$
<b>Mailing Address</b>		
		\$
<b>City, State, Zip Code</b>		
		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$

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

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Marion Counseling Services, PLLC	5 / 28 / 15	\$ 1,000
Mailing Address P. O. Box 13509	/ /	\$
City, State, Zip Code Jackson, MS 39236	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Telehealth ONE, LLC	5 / 27 / 15	\$ 1,000
Mailing Address 1037 Lake Village Circle Suite A	/ /	\$
City, State, Zip Code Brandon, MS 39047	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Steve R. Adams	5 / 27 / 15	\$ 1,000
Mailing Address P. O. Box 624	/ /	\$
City, State, Zip Code Carrollton, GA 30112	/ /	\$
Name of Employer (Required) SoutheastTrans	/ /	\$
Occupation (Required) Transportation provider	Aggregate year-to-date	\$ 1,000



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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ENPAC MS</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P. O. Box 1640</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Richard Brown</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P. O. Box 1132</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>MS Malt Beverage Assn</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Business Office Konnections</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P. O. Box 13453</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39236</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Willie Bozeman</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>770 N. West St.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>WB Consulting</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>lobbyist</u>	Aggregate year-to-date	\$ <u>500</u>

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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Non-Profit</u>		
Full name <u>Stand Up for Mississippi</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>1378 Broad St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Columbia, MS 39429</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>Major Design Studios, PLLC</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>1328 Shady St.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Columbus, MS 39701</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>E. Scott Slater</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>121 Fenwick Circle</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>unknown</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>Roy Glapion</u>	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>2 Annandale Ct</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>New Orleans, LA 70131</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Beta Group</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Construction Materials Tester</u>	Aggregate year-to-date	\$ <u>500</u>



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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____ Joseph Simpson	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
Mailing Address _____ 4141 Crane Blvd	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____ Jackson, MS 39216	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____ Raymond James	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____ Developer	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____ Duane O'Neill	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>250</u>
Mailing Address _____ 205 Winged Foot Circle	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____ Jackson, MS 39211	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____ Metro Partners	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____ Chamber Director	Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____ Lee Law Office, PLLC	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>250</u>
Mailing Address _____ P. O. Box 712143	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____ Jackson, MS 39272	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____ Kane Dillo	<u>2</u> / <u>28</u> / <u>15</u>	\$ <u>250</u>
Mailing Address _____ P. O. Box 13925	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____ Jackson, MS 39236	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____ State Street Group	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____ Developer	Aggregate year-to-date	\$ <u>250</u>

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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Jody Owens	5 / 28 / 15	\$ 250
Mailing Address 109 Inez Owens Dr.		\$
City, State, Zip Code Jackson, MS 39212		\$
Name of Employer (Required) Southern Poverty Law Ctr		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Grand Trunk Railroad Co.	5 / 28 / 15	\$ 250
Mailing Address 2800 Livernoia Ste 300		\$
City, State, Zip Code Troy, MI 48007		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Garrett ECLW, LLC	2 / 28 / 15	\$ 250
Mailing Address 2659 Livingston Rd		\$
City, State, Zip Code Jackson, MS 39213		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name MS American Life Ins Co	5 / 28 / 15	\$ 250
Mailing Address P. O. Box 12449		\$
City, State, Zip Code Jackson, MS 39236		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>5</u> / <u>28</u> / <u>15</u>	\$ <u>2,000</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>

RECEIVED  
JUL 10 2015  
Secretary of State  
Capitol Office

Name of Candidate John Horhn

Address P. O. Box 2030 County

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 from previous report

### TYPE OF REPORT

Reporting Requirements		Reporting Period	Reporting Frequency	Reporting Requirements
	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)			Mandatory
	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)			Mandatory
X	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)			Mandatory
	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)			Mandatory <i>All Primary Candidates and Political Committees</i>
	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)			Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)			Mandatory
	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)			Mandatory <i>All Candidates and Political Committees</i>
	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)			Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)			Mandatory
	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)			Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 4,000	+	\$ .00	\$ 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: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk



Name of Candidate or Committee John Horhn

Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Motorola Solutions PAC	6 / 15 / 15	\$ 500
Mailing Address 1455 Pennsylvania Ave., NW		\$
City, State, Zip Code Washington, DC 20004		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Integrated Management Services, Inc	6 / 17 / 15	\$ 1,000
Mailing Address 126 Amite St.		\$
City, State, Zip Code Jackson, MS 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Baker Donaldson	6 / 19 / 15	\$ 500
Mailing Address 4268 I-55 N.		\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name EH Lilly	6 / 19 / 15	\$ 500
Mailing Address		\$
City, State, Zip Code Indianapolis, IN		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500

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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Health Care Assn PAC</u>	<u>6</u> / <u>29</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>1076 Highland Colony Pwy</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Education Assn</u>		
Full name <u>MAE Fund for Children and Public Education</u>	<u>6</u> / <u>29</u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>775 N. State St.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee John Horhn

Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Derrick Tate	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 109 California Place	6 / 2 / 15	\$ 150
<b>City, State, Zip Code</b> Jackson, MS 39213	6 / 8 / 15	\$ 100
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 250
<b>B. Full name</b> A2Z Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 2125 TV Rd	6 / 2 / 15	\$ 5,022
<b>City, State, Zip Code</b> Jackson, MS 39204	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 6822
<b>C. Full name</b> Kim Bracey	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 22 Hawthorne Cv	6 / 4 / 15	\$ 300
<b>City, State, Zip Code</b> Madison, MS 39110	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 300
<b>D. Full name</b> Floyd Smith	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 165 Carrera Dr.	6 / 9 / 15	\$ 1,000
<b>City, State, Zip Code</b> Jackson, MS 39206	6 / 15 / 15	\$ 1,200
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,200
<b>E. Full name</b> David Sanders	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 106 Knollwood Ln	6 / 15 / 15	\$ 400
<b>City, State, Zip Code</b> Clinton, MS 39056	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 400
<b>F. Full name</b> Kedra Wallace	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 511 Greenmont	6 / 26 / 15	\$ 500
<b>City, State, Zip Code</b> Jackson, MS 39212	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500

Name of Candidate or Committee John Harbin

Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Trey Daniels	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P. O. Box 2264	6 / 15 / 15	\$ 800
<b>City, State, Zip Code</b> Jackson, MS 39225	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 800
<b>B. Full name</b> Beasley Denson	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Standing Pine	___ / ___ / ___	\$ 1,000
<b>City, State, Zip Code</b> Carthage, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,000
<b>C. Full name</b> Ernestine Strange	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1554 Pat Luckett Rd	6 / 28 / 15	\$ 1,000
<b>City, State, Zip Code</b> Carthage MS 39051	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,000
<b>D. Full name</b> Medgar Evers Homecoming	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 3018 Pecan Park Circle	6 / 29 / 15	\$ 300
<b>City, State, Zip Code</b> Jackson, MS 39209	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 300
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$



**Name of Candidate** John Horhn

**Address** P. O. Box 2030 **County** Hinds

**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

Name of Candidate or Committee John HorhnPage 1 of 4Reporting period 7/1/15 through 7/25/15

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Pinnacle Entertainment, Inc.</u>		<u>7</u> / <u>13</u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>3980 Howard Hughes Pkwy</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Las Vegas, NV 89169</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>MACPAC</u>		<u>7</u> / <u>13</u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>711 N. President St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>MS Malt Bev Assn PAC</u>		<u>7</u> / <u>13</u> / <u>15</u>	\$ <u>2,500</u>
Mailing Address <u>P. O. Box 1132</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>2,500</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Atmos Energy Corp PAC</u>		<u>7</u> / <u>13</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>5430 LBJ Freeway, Ste 160</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Dallas, TX 75240</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500</u>

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

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Denbury</u>		<u>7</u> / <u>13</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>5320 Legacy Dr.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Plano, TX 75024</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Independent Ins. Agents of MS PAC</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>124 Riverview Dr.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Anheuser Busch</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>1200 Lynch St</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>St. Louis, MO 63118</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MHA PAC</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P. O. Box 1909</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison, MS 39130</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>

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

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Godwin Dafe</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>2424 Bailey Ave Ext, Ste C</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>State Farm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>insurance agent</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Centene Management Co.</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>Centene Corp</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>William Cooley</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>1,000</u>
Mailing Address <u>1116 Hallmark Dr</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Systems, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Manufacturer</u>		Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Comcast Corp</u>		<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>1701 JFK Blvd</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, PA 19103</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500</u>



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

## ITEMIZED RECEIPTS

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

Name of Candidate or Committee John Horhn

Reporting period 7/1/15 through 7/25/15

## ITEMIZED DISBURSEMENTS

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

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

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Corey Stewart		
<b>Mailing Address</b>		
1948 Linda Ln	7 / 16 / 15	\$ 500
<b>City, State, Zip Code</b>		
Jackson, MS 39213	7 / 16 / 15	\$ 120
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 620
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Charles Davis		
<b>Mailing Address</b>		
355 Iroquois St	7 / 21 / 15	\$ 500
<b>City, State, Zip Code</b>		
Jackson, MS 39213	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
	___ / ___ / ___	\$
<b>City, State, Zip Code</b>		
	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
	___ / ___ / ___	\$
<b>City, State, Zip Code</b>		
	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
	___ / ___ / ___	\$
<b>City, State, Zip Code</b>		
	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
	___ / ___ / ___	\$
<b>City, State, Zip Code</b>		
	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$

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

RECEIVED

OCT 12 2015

Secretary of State  
Capitol Office

**Name of Candidate** John Horhn

**Address** P. O. Box 2030

**County** Hinds

Telephone (Work) 6013596217

(Home) 6013621045

**(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

TYPE OF REPORT	
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory

<b>June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)</b>	<b>Mandatory</b>
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<b>July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)</b> .....	<b>Mandatory</b>
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<b>July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)</b>	<b>Mandatory</b>
	<i>All Primary Candidates and Political Committees</i>

\_\_\_\_\_ **August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015) ..... **Runoff Candidates Only**  
*All Primary Candidates and Political Committees in a Runoff Election*

<b>X</b>	<b>October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)</b> .....	<b>Mandatory</b>
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October 27, 2015 Pre-Election Report	Mandatory
October 28, 2015 through October 31, 2015	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*

**January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015).....Mandatory**

\_\_\_\_ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

### Required to terminate reporting obligations

**IMPORTANT**

- 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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS			
Itemized	+	Non-Itemized	Calendar year-to-date
			This Period
Total amount of contributions \$ 8500	+	\$ 3000	\$ 11,500
Total amount of disbursements \$ 12,990.47	+	\$ 500	\$ 13,490.47
Total amount of cash on hand			\$ 5939.80

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**

10/12/15  
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:**

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545**
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk**
- 3. Candidates for Municipal office should return forms to the Municipal Clerk**

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

## ITEMIZED RECEIPTS

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

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

# ITEMIZED RECEIPTS

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



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

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Susan Irvin	8 / 3 / 15	\$ 715
<b>Mailing Address</b>		
2910 McGuffee Rd	8 / 5 / 15	\$ 750
<b>City, State, Zip Code</b>		
Clinton, MS 39056		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3575
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Sir Speedy	7 / 29 / 15	\$ 530.16
<b>Mailing Address</b>		
2701 N. State St	9 / 13 / 15	\$ 176.31
<b>City, State, Zip Code</b>		
Jackson, MS 39216		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1076.79
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Earl Clowers	7 / 27 / 15	\$ 300
<b>Mailing Address</b>		
4215 Midway Rd	8 / 1 / 15	\$ 300
<b>City, State, Zip Code</b>		
Raymond, MS 39154		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 600
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Derrick Tate	7 / 27 / 15	\$ 50
<b>Mailing Address</b>		
109 California Pl	___ / ___ / ___	\$
<b>City, State, Zip Code</b>		
Jackson, MS 39213		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 400
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Jacarie Bowling	7 / 30 / 15	\$ 150
<b>Mailing Address</b>		
4642 Norway Dr	8 / 10 / 15	\$ 300
<b>City, State, Zip Code</b>		
Jackson, MS 39206		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 450
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Franz, LLC	7 / 30 / 15	\$ 300
<b>Mailing Address</b>		
507 Springridge Rd, Ste F	8 / 1 / 15	\$ 300
<b>City, State, Zip Code</b>		
Clinton, MS 39056		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 600

Name of Candidate or Committee John Horhn

Reporting period July 1, 2015 through September 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Kiss My Pass	8 / 1 / 15	\$ 350
<b>Mailing Address</b>		
386 Cedarmon St		
<b>City, State, Zip Code</b>		
Jackson, MS 39212		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 350
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Ruben Evans	8 / 1 / 15	\$ 75
<b>Mailing Address</b>		
132 Longwood Dr		
<b>City, State, Zip Code</b>		
Clinton, MS 39056	8 / 5 / 15	\$ 220
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 295
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Catherine Davis	8 / 3 / 15	\$ 400
<b>Mailing Address</b>		
c/o St Thomas MB Church 4699 St. Thomas Rd		
<b>City, State, Zip Code</b>		
Bolton, MS 39041		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 400
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
John Horhn	8 / 4 / 15	\$ 5000
<b>Mailing Address</b>		
6035 Waverly Dr.		
<b>City, State, Zip Code</b>		
Jackson, MS 39206		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 6100
Pollworkers on Election Day		
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Calvin Clayton	8 / 17 / 15	\$ 374
<b>Mailing Address</b>		
1675 I-55 South Frontage Rd		
<b>City, State, Zip Code</b>		
Byram, MS		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 374
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Eric Stringfellow	8 / 23 / 15	\$ 400
<b>Mailing Address</b>		
1100 John R. Lynch		
<b>City, State, Zip Code</b>		
Jackson, MS 39203		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 600

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

## ITEMIZED DISBURSEMENTS

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

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

**RECEIVED**  
OCT 27 2015

Name of Candidate John Horhn  
Address P. O. Box 2030 County Hinds  
Telephone (Work) 601-359-6217 (Home) 601-362-1045 (Fax) \_\_\_\_\_  
Contact Name John Horhn Email Address jhorhn@comcast.net  
Office Sought Senator, District 26 Political Party Democrat

Secretary of State  
Capitol Office

☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... **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 (July 1, 2015, through July 25, 2015) ..... **Mandatory**  
All Primary Candidates and Political Committees  
\_\_\_\_ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... **Runoff Candidates Only**  
All Primary Candidates and Political Committees in a Runoff Election  
\_\_\_\_ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... **Mandatory**  
X \_\_\_\_ October 27, 2015 Pre-Election Report ..... **Mandatory**  
(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)  
\_\_\_\_ 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  
\_\_\_\_ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... **Mandatory**  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$1,000.00	+	\$ 500.00	\$1,500.00	\$45,950.00
Total amount of disbursements \$1,500.00	+	\$ 1,100.00	\$2,600.00	\$52,989.80
Total amount of cash on hand			\$4,839.80	

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

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:**

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2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

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

## ITEMIZED DISBURSEMENTS

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

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

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Takeda Pharmaceuticals</u>	<u>10</u> / <u>5</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>One Takeda Pwy</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Deerfield, IL 60015</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MCPA PAC</u>	<u>10</u> / <u>5</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 16630</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39236</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Primary Health Care Assn PAC</u>	<u>10</u> / <u>5</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>6400 Lakeover Rd., Ste A</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39213</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>





Delbert Hosemann  
SECRETARY OF STATE

# REPORT OF RECEIPTS AND DISBURSEMENTS

**RECEIVED**  
JAN 08 2016

Secretary of State  
Capitol Office

Name of Candidate John Horhn  
Address P. O. Box 2030 County Hinds  
Telephone (Work) 601-359-6217 (Home) 601-362-1045 (Fax) \_\_\_\_\_  
Contact Name John Horhn Email Address jhorhn@comcast.net  
Office Sought Senate Dist 26 Political Party Democrat

☐ Check here if above is different from previous report

## TYPE OF REPORT

- \_\_\_\_ May 10, 2016 Periodic Report (January 1, 2016, through April 30, 2016) .....Mandatory  
\_\_\_\_ June 10, 2016 Periodic Report (May 1, 2016, through May 31, 2016).....Mandatory  
\_\_\_\_ July 8, 2016 Periodic Report (June 1, 2016, through June 30, 2016)..... Mandatory  
\_\_\_\_ October 10, 2016 Periodic Report (July 1, 2016, through September 30, 2016).....Mandatory  
\_\_\_\_ November 1, 2016 Pre-Election Report (October 1, 2016, through October 22, 2016).....Mandatory  
All General and Special Election Candidates and Political Committees  
\_\_\_\_ November 22, 2016 Pre-Runoff Report (October 23, 2016, through November 14, 2016).....Runoff Candidates Only  
All Candidates and Political Committees in a Runoff Election  
X \_\_\_\_ January 10, 2016 Periodic Report (October 1, 2016, through December 31, 2016).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$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	

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

1/8/16

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.

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

## ITEMIZED RECEIPTS

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

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

# ITEMIZED RECEIPTS

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

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

## ITEMIZED RECEIPTS

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