2014

City of Jackson, MS
Mayoral Campaign Contributions

John Horhn

IND EXP

REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES

2014 City of Jackson Special Election

14 APR -1 PM 5:00

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JACKSON, MS.

Check one of the following:

- ☐ The independent expenditure disclosed **was made in support** of the candidate identified.
- ☐ The independent expenditure disclosed **was made in opposition** to the candidate identified.

John Horhn

Name of the Candidate of whom the expenditure was in support or in opposition

Full Name of Individual or Entity making Independent Expenditure

Please check the appropriate box:

- ☐ Corporation
- ☑ Individual
- ☐ Political Committee
- ☐ Other (Specify_____)

John Horhn
Contact Person

6035 Waverly Dr | Jackson | MS | 39206
Mailing Address | *City* | *State* | *Zip Code*

601.362.1045
Phone

Fax

Please check one of the following dates:

✓ **April 1, 2014 Pre-Election Report** (January 1, 2014 through March 29, 2014)..... **Mandatory**

____ **April 15, 2014 Pre-Runoff Report** (March 30, 2014 through April 12, 2014)..... **Runoff Candidates Only**

____ **January 30, 2015 Annual Report** (January 1, 2014 through December 31, 2014)..... **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**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 99,593 + $ 5000	$ 104,593	$ 104,593
Total amount of disbursements	$ 87,809.54 + $ 4,702.46	$ 92,512	$ 92,512
Total amount of cash on hand		$ 12,081	

Under penalty of perjury, I hereby certify that the disclosed independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

Authorized Signature

4/1/14
Date Signed

State of _____
County of _____

Sworn to and subscribed before me this the ____ day of _____, 2014.

Notary Public
My Commission Expires:

Miss Code Ann. §23-15-807 and §23-15-809 (1972)

SEND TO:

1. **Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX to 601-576-2545.**
2. **Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.**
3. **Independent expenditures made for municipal elections should be filed with the Municipal Clerk.**

Name of Candidate or Committee: John Horhn

Reporting period: Jan 1, 2014 through Mar 31, 2014

14 APR -1 PM 5:00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Friends of John Horhn	3 / 6 / 14	$ 45,343
Mailing Address: P.O. Box 2030	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 45,343

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Horhn	3 / 28 / 14	$ 20,000
Mailing Address: 6035 Waverly Dr	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): Horhn & Assoc	/ /	$
Occupation (Required): business development consultant	Aggregate year-to-date	$ 20,000

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Dinesh Goel	3 / 6 / 14	$ 5,000
Mailing Address: 6050 I-55 N	/ /	$
City, State, Zip Code: Jackson, 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$ 5,000

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mrs. Dinesh Goel	3 / 6 / 14	$ 5,000
Mailing Address: 6050 I-55 N	/ /	$
City, State, Zip Code: Jackson 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): office manager	Aggregate year-to-date	$ 5,000

Name of Candidate or Committee: John Horhn

Reporting period: Jan 1, 2014 through Mar 31, 2014

14 APR -1 PM 5:00

ITEMIZED RECEIPTS

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A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Clay Firm	3 / 26 / 14	$ 2,500
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: Jackson 39205	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,500

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sutter Smith	3 / 26 / 14	$ 750.00
Mailing Address: 405 Marquis St	/ /	$
City, State, Zip Code: Jackson 39206	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J5 DBL LLC	3 / 26 / 14	$ 1,000.00
Mailing Address: P.O. Box 2446	/ /	$
City, State, Zip Code: Columbus, MS 39704	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Co	Aggregate year-to-date	$ 1,000

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J5 Trucking	3 / 26 / 14	$ 1,000.00
Mailing Address: P.O. Box 2446	/ /	$
City, State, Zip Code: Columbus, MS 39704	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: John Horhn

Reporting period: Jan 1, 2014 through Mar 31, 2014

14 APR -1 PM 5:00

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JACKSON, MS

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe Tatum	3 / 27 / 14	$ 1,000.00
Mailing Address: 6 Wigeon Ln	/ /	$
City, State, Zip Code: Raymond 39154	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): atty	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joyce Caracci	3 / 26 / 14	$ 500.00
Mailing Address: 518 Riverwood Circle	/ /	$
City, State, Zip Code: Jackson 39211	/ /	$
Name of Employer (Required): Sta-Home Health	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tom Wallace	3 / 27 / 14	$ 500.00
Mailing Address: P. O. Box 20073	/ /	$
City, State, Zip Code: Jackson 39289	/ /	$
Name of Employer (Required): ~~US~~ US Consolidated	/ /	$
Occupation (Required): government affairs	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: VEMOC I, LLC	3 / 27 / 14	$ 250.00
Mailing Address: 770 N. West St	/ /	$
City, State, Zip Code: Jackson 39202	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: John Horhn

Reporting period: Jan 1, 2014 through Mar 31, 2014

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Caraccio	3 / 26 / 14	$ 5,000.00
Mailing Address: 1436 Northlake Dr	/ /	$
City, State, Zip Code: Jackson 39211	/ /	$
Name of Employer (Required): StaiHome Health	/ /	$
Occupation (Required): health care provider	Aggregate year-to-date	$ 5,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Perkins	3 / 25 / 14	$ 250.00
Mailing Address: 220 Deer Run Trail	/ /	$
City, State, Zip Code: Brookhaven, MS 39601	/ /	$
Name of Employer (Required): Trace Aviation	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joseph J Sanders	3 / 22 / 14	$ 500.00
Mailing Address: 529 Surrey Lane	/ /	$
City, State, Zip Code: Stockbridge, GA 30281	/ /	$
Name of Employer (Required): unknown	/ /	$
Occupation (Required): transportation services	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard Schwartz	3 / 26 / 14	$ 500.00
Mailing Address: P. O. Box 3449	/ /	$
City, State, Zip Code: Jackson 39207	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): atty	Aggregate year-to-date	$ 500.00

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14 APR -1 PM 5:01

Name of Candidate or Committee: John Horhn

Reporting period: Jan 1, 2014 through Mar 31, 2014

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cutting Edge Communication, Inc	3 / 17 / 14	$ 500.00
Mailing Address: 814 N. President	/ /	$
City, State, Zip Code: Jackson 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3 / 26 / 14	$ 1,000.00
Mailing Address: 202 Sandpiper Rd	/ /	$
City, State, Zip Code: Brandon 39047	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Integrated Management Services PA	3 / 20 / 14	$ 1,000
Mailing Address: 125 Amite St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: IMS Logistics, LLC	3 / 20 / 14	$ 1,000.00
Mailing Address: 151 Nissan Way, Ste. E	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

14 APR -1 PM 5:01
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JACKSON, MS

Name of Candidate or Committee: John Horhn

Reporting period: Jan 1, 2014 through Mar 31, 2014

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marcus Wallace	3 / 25 / 14	$ 3,000.00
Mailing Address: 135 S. Congress St	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): MAC Construction	/ /	$
Occupation (Required): building contractor	Aggregate year-to-date	$ 3000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Phyllis Anderson	3 / 19 / 14	$ 500.00
Mailing Address: 1782 Fairwood Dr.	/ /	$
City, State, Zip Code: Jackson, 39213	/ /	$
Name of Employer (Required): retired	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Joyce Cole-Marion / Dr. David Marion	3 / 22 / 14	$ 1000.00
Mailing Address: P.O. Box 18509	/ /	$
City, State, Zip Code: Jackson 39236	/ /	$
Name of Employer (Required): Marion Counseling	/ /	$
Occupation (Required): clinical counseling	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Timothy W. Martin	3 / 17 / 14	$ 500.00
Mailing Address: 5380 I-55 N. - Ste 103	/ /	$
City, State, Zip Code: Jackson 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$ 500.00

14 APR -1 PM 5:01
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JACKSON, MS

Name of Candidate or Committee: John Horn

Reporting period: Jan 1, 2014 through Mar 31, 2014

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PIA Solutions	3 / 18 / 14	$ 2,500.00
Mailing Address: P.O. Box 132	/ /	$
City, State, Zip Code: Clinton, MS 39060	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

14 APR -1 PM 5:01
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Name of Candidate or Committee John Horhn

Reporting period Jan 1, 2014 through Mar 31, 2014

14 APR -1 PM 5:1

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JACKSON, MS.

ITEMIZED DISBURSEMENTS

A. Full name Creative Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Commerce St, Ste B	3/11/14	$ 1600.00
City, State, Zip Code Jackson, MS 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1600.00
B. Full name Jackson Jambalaya	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5106 Old Canton Rd	3/12/14	$ 500.00
City, State, Zip Code Jackson, MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name Kevin Bradley	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 3708	3/12/14	$ 500.00
City, State, Zip Code Jackson, MS 39207	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
D. Full name Ashley Walters	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1029 McLean St	3/12/14	$ 300.00
City, State, Zip Code Jackson, MS 39209	3/21/14	$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 600.00
E. Full name Lamar Outdoor Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 405 Country Place Pwy	3/12/14	$ 750.00
City, State, Zip Code ~~Ridgeland~~ Pearl, MS	3/18/14	$ 4400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5150.00
F. Full name Quality Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 355 W. Pearl St	3/13/14	$ 1701.00
City, State, Zip Code Jackson, MS 39201	3/18/14	$ 6844.19
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 8545.19

Name of Candidate or Committee John Horhn

Reporting period Jan 1, 2014 through Mar 31, 2014

ITEMIZED DISBURSEMENTS

14 APR -1 PM 5:03

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A. Full name Lutithia Luckett	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 513 Boardwalk Blvd	3/14/14	$ 500.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name Dynastics Promos	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 410 W. Pascagoula St	3/14/14	$ 310.00
City, State, Zip Code Jackson, MS 39204	3/18/14	$ 1235.85
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1545.85
C. Full name Joe Griffin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4116 Liberty Hill Rd	3/14/14	$ 550.00
City, State, Zip Code Jackson, MS 39206	__/__/__	$ 1250.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1800.00
D. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 931	3/14/14	$ 1,550.00
City, State, Zip Code Flora, MS 39071	__/__/__	$ 2,500.00
Purpose of Disbursement (Optional) Canvassers	Aggregate Year-to-date	$ 4,050
E. Full name ~~Lorner~~ Vivian Rejebian	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 216 Highland Barrison	3/19/14	$ 500.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
F. Full name TNT Real Estate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2440 Bailey Ave Ext	3/19/14	$ 1,000.00
City, State, Zip Code Jackson, MS 39213	__/__/__	$
Purpose of Disbursement (Optional) headquarters rental	Aggregate Year-to-date	$ 1,000.00

Name of Candidate or Committee John Horhn

Reporting period Jan 1, 2014 through Mar 31, 2014

14 APR -1 PM 5:03

ITEMIZED DISBURSEMENTS

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JACKSON, MS.

A. Full name Jackson Free Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 5067	3/20/14	$ 1,198 50
City, State, Zip Code Jackson, MS 39296	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,198 50
B. Full name Malcolm Shepherd	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address c/o 3710 Terrell Ave	3/20/14	$ 1,000 00
City, State, Zip Code Jackson, MS 39213	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000 00
C. Full name WRTM-Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Pear Orchard Rd	3/21/14	$ 1,300 00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,300 00
D. Full name Lauren Taylor	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 12133	3/21/14	$ 700 00
City, State, Zip Code Jackson, MS 39236	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 700 00
E. Full name Charlie Horhn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4642 Norway Dr	3/29/14	$ 5,000 00
City, State, Zip Code Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional) canvassers/sign distribution	Aggregate Year-to-date	$ 5,000 00
F. Full name AZZ Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5468 N. State St	__/__/__	$ 11,527 00
City, State, Zip Code Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 11,527 00

Name of Candidate or Committee John Horhn

Reporting period Jan 1, 2014 through Mar 31, 2014

14 APR -1 PM 5:03

ITEMIZED DISBURSEMENTS

RECEIVED
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JACKSON, MS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Jim Dollarhide		
Mailing Address 764 Lake Cavalier Rd	3/31/14	$ 2500.00
City, State, Zip Code Madison, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2500.00
B. Full name Broad St. Bakery c/o Mangia Bene	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3317 N. State St.	3/31/14	$ 521.00
City, State, Zip Code Jackson, MS 39216	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 521.00
C. Full name Maggie Clark Media Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 139 Bent Creek Dr	3/27/14	$ 14,800.00
City, State, Zip Code Brandon, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 14,800.00
D. Full name WLBT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 715 S. Jefferson	3/28/14	$ 8,000.00
City, State, Zip Code Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 8,000.00
E. Full name WAPT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7616 Channel 16 Way	3/28/14	$ 6,800.00
City, State, Zip Code Jackson, MS 39209	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 6,800.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee John Horhn

Reporting period Jan 1, 2014 through Mar 31, 2014

ITEMIZED DISBURSEMENTS

A. Full name Rejebian Huffman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1056 Old Bridgeport Rd	3/6/14	$ 350.00
City, State, Zip Code Bolton, MS ~~39156~~	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 350.00
B. Full name Adrian Jones	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1230 Raymond Rd, P.O. Box 600	3/7/14	$ 500.00
City, State, Zip Code Jackson, MS 39204	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name Roosevelt Daniels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 2264	3/7/14	$ 1000.00
City, State, Zip Code Jackson, MS 39225	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
D. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 931	3/7/14	$ 500.00
City, State, Zip Code Flora, MS 39071	3/31/14	$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,000.00
E. Full name MS Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 900 N. Congress St	3/11/14	$ 675
City, State, Zip Code Jackson MS 39202	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 675.00
F. Full name Delvin Johnson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 640 Cedarhurst Dr	3/11/14	$ 1,000.00
City, State, Zip Code Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00