



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
RECEIVED
 JAN 10 2012
 Secretary of State
 Capitol Office

Name of Candidate Hank ZUBER
 Address 479 Honey Road Ocean Springs County Jackson
 Telephone 228-875-4866 Fax 228-875-8991
 Office Sought State House Email Address hzuber@house.ms.gov
 Party Rep

Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) Mandatory
- June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) Mandatory
- July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) Mandatory
- July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) Primary Candidates
- August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) Runoff Candidates Only
- October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011) Mandatory
- November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) Runoff Candidates Only
- January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011) Mandatory
- Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

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 receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>500</u> + \$ <u>300</u>	\$ <u>800</u>	\$ <u>8,025</u>
Total amount of disbursements	\$ <u>0</u> + \$ <u>85.84</u>	\$ <u>85.84</u>	\$ <u>1795.84</u>
Total amount of cash on hand		\$ <u>22,820.83</u>	

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

[Signature]
 Signature of Candidate

1-6-12
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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. §§ 23-15-8-11 (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 601-359-1499.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Hank ZUBER
 Reporting period 10-30-2011 through 12-31-2011

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>MEDCO Health Solutions</u>	<u>12/9/11</u>	\$ <u>250</u>
Mailing Address <u>100 Parsons Pond Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Franklin Lakes, NJ 07417-2603</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250</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>New Gulf Coast Surgery Center</u>	<u>11/21/11</u>	\$ <u>250</u>
Mailing Address <u>3882 Bienville Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Ocean Springs MS 39564</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>N/A</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> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>	\$ _____
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____