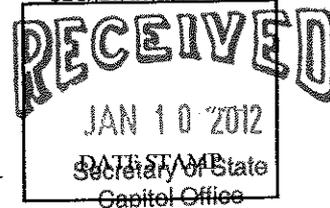




**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2011 Elections**

Delbert Hosemann  
 SECRETARY OF STATE



Name of Candidate John A. Horhn  
 Address P. O. Box 2030 County Hinds  
 Telephone 601.366.4285 Fax \_\_\_\_\_  
 Office Sought Senate District 26 Political Party Democrat  
 Email Address jhorhn@comcast.net

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 1, 2011, through September 30, 2011) \_\_\_\_\_ Mandatory
  - November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) \_\_\_\_\_ Mandatory
  - November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) \_\_\_\_\_ Runoff Candidates Only
  - January 10, 2012 Periodic Report** (October 1, 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 DISBURSEMENTS**

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4600	+	\$ 750	=	\$ 5350	\$ 32,894.56
Total amount of disbursements	\$ 4441	+	\$ 2250	=	\$ 6661.18	\$ 29,556.60
<b>Total amount of cash on hand</b>					<b>\$ 3337.96</b>	

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

*John A. Horhn*  
 Signature of Candidate

1/10/12  
 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 601-576-2545.  
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John A. HornerReporting period Oct 1, 2011 through Dec 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>Millcreek Management Corp.</u>	<u>11 / 15 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1130</u>	<u>  /  /  </u>	\$ _____
City, State, Zip Code <u>Magee, MS 39111</u>	<u>  /  /  </u>	\$ _____
Name of Employer (Required) _____	<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>KCS Rail PAC State PAC</u>	<u>11 / 15 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 219335</u>	<u>  /  /  </u>	\$ _____
City, State, Zip Code <u>Kansas City, MO 64121-9335</u>	<u>  /  /  </u>	\$ _____
Name of Employer (Required) _____	<u>  /  /  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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>Comcast</u>	<u>11 / 15 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>One Comcast Center</u>	<u>  /  /  </u>	\$ _____
City, State, Zip Code <u>Philadelphia, PA 19103-2838</u>	<u>  /  /  </u>	\$ _____
Name of Employer (Required) _____	<u>  /  /  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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>Tellus Operating Group, LLC</u>	<u>11 / 15 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>602 Crescent Place Ste 100</u>	<u>  /  /  </u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>  /  /  </u>	\$ _____
Name of Employer (Required) _____	<u>  /  /  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee John A. HorneReporting period Oct 1, 2011 through Dec 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>LogistiCare Solutions, LLC</u>	<u>11</u> / <u>15</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>1275 Peachtree St, NE 6th Floor</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Atlanta, GA 30309</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</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>Walgreens</u>	<u>11</u> / <u>15</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Deerfield, IL 60015</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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>United Healthcare Serv, Inc</u>	<u>11</u> / <u>15</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1459</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Minneapolis, MN 55440-1459</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</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>Altria Client Services, Inc</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>250.00</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Richmond, VA 23230</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee John A. Horner  
 Reporting period Oct 1, 2011 through Dec 31, 2011

## 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>Dr. Randy S. Easterling</u>	<u>11/15/11</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>607 Tiffintown Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Vicksburg, MS 39183</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>physician</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Dr. Thomas E. Joiner</u>	<u>11/15/11</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>109 Buffalo Cove</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>physician</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Dr. Vonda Reeves-Darby</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>3866 Forest Hill Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39212</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>physician</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Health Assurances, LLC</u>	<u>10/19/11</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>5903 Ridgewood Rd, Ste 310</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee John A. Harkin  
 Reporting period Oct 1, 2011 through Dec 31, 2011

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Wesley Prater</u>	<u>12/19/11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 90</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Canton, MS 39046</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Caesar's Entertainment</u>	<u>12/19/11</u>	\$ <u>500.00</u>
Mailing Address <u>3570 Las Vegas Blvd So.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Las Vegas, NV 89109</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<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"/> 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"/> 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	\$ _____

Name of Candidate or Committee John A. Horton  
 Reporting period Oct 1, 2011 through Dec 31, 2011

## ITEMIZED DISBURSEMENTS

A. Full name <u>Days Inn</u>	Date (Mo., Day, Year) <u>11/08/11</u>	Amount of each disbursement this period \$ <u>276<sup>38</sup></u>
Mailing Address <u>Starkville, MS</u>	<u>11/08/11</u>	\$ <u>276<sup>38</sup></u>
City, State, Zip Code <u>Starkville, MS</u>	<u>11/08/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>276<sup>38</sup></u>
B. Full name <u>Delta Airlines</u>	Date (Mo., Day, Year) <u>11/16/11</u>	Amount of each disbursement this period \$ <u>407.40</u>
Mailing Address	<u>11/16/11</u>	\$ <u>407.40</u>
City, State, Zip Code	<u>11/30/11</u>	\$ <u>994.20</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1401.60</u>
C. Full name <u>Bravo Restaurant</u>	Date (Mo., Day, Year) <u>11/14/11</u>	Amount of each disbursement this period \$ <u>78.68</u>
Mailing Address <u>Highland Village</u>	<u>11/14/11</u>	\$ <u>78.68</u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>11/28/11</u>	\$ <u>100.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>218<sup>68</sup></u>
D. Full name <u>El Dorado Hotel</u>	Date (Mo., Day, Year) <u>11/22/11</u>	Amount of each disbursement this period \$ <u>776<sup>48</sup></u>
Mailing Address	<u>11/22/11</u>	\$ <u>776<sup>48</sup></u>
City, State, Zip Code <u>Santa Fe, NM</u>	<u>11/22/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>776<sup>48</sup></u>
E. Full name <u>Infiniti of Jackson</u>	Date (Mo., Day, Year) <u>12/07/11</u>	Amount of each disbursement this period \$ <u>865<sup>07</sup></u>
Mailing Address	<u>12/07/11</u>	\$ <u>865<sup>07</sup></u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>12/07/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>865<sup>07</sup></u>
F. Full name <u>Marriott Hotel</u>	Date (Mo., Day, Year) <u>12/13/11</u>	Amount of each disbursement this period \$ <u>475<sup>22</sup></u>
Mailing Address	<u>12/13/11</u>	\$ <u>475<sup>22</sup></u>
City, State, Zip Code <u>Washington, D.C.</u>	<u>12/13/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>475<sup>22</sup></u>

Name of Candidate or Committee John A. Horhn  
 Reporting period Oct 1, 2011 through Dec 31, 2011

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Car Rental</u>		
Mailing Address	<u>12/20/11</u>	\$ <u>440<sup>75</sup></u>
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>440<sup>75</sup></u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$