2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JUL 06 2015
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate: John L. Moore

Address: PO Box 20 County: Rankin

Telephone (Work): 601-946-5833 (Home): 601-946-5833 (Fax): _____

Contact Name: John L. Moore Email Address: repjohnmoore@gmail.com

Office Sought: House of Representatives District 60 Political Party: Republican

☐ 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**

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) ..... *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**

____ **October 27, 2015 Pre-Election Report** ..... **Mandatory** *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

(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	$ 10,400	+ $	150	$ 10,550.	$ 33,838
Total amount of disbursements	$ 7,627	+ $	1390	$ 9017	$ 27,374
Total amount of cash on hand				$ 38,354.-	

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

John L. Moore — Signature of Candidate

7-4-15 — 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*

SOS 10-14

Name of Candidate or Committee: John L. Moore

Reporting period: 6/1/15 through 6/30/15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gary Chism	6 / / 15	$ 1000.
Mailing Address:	/ /	$
City, State, Zip Code: Columbus, Ms	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Bankers Assn. PAC	6 / / 15	$ 2000.
Mailing Address:	/ /	$
City, State, Zip Code: Jackson, Ms	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2000

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check Into Cash, Inc	6 / / 15	$ 250
Mailing Address:	/ /	$
City, State, Zip Code: Brandon Ms.	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mack Baker	6 / / 15	$ 500.
Mailing Address:	/ /	$
City, State, Zip Code: Brandon Ms	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.

Name of Candidate or Committee: John L. Moore

Reporting period: 6-1-15 through 6-30-15

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denbury Inc.	6 / / 15	$ 1000.
Mailing Address	/ /	$
City, State, Zip Code: Plano, TX.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.

B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Concrete Industries Assn PAC	6 / / 15	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Ridgeland, Ms	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.

C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Optometry For Progress	6 / / 15	$ 1000.
Mailing Address	/ /	$
City, State, Zip Code: Madison, Ms	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.

D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Poultry Assn PAC	6 / / 15	$ 500.
Mailing Address	/ /	$
City, State, Zip Code: Pearl, Ms	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.

Name of Candidate or Committee: John L. Moore

Reporting period: 6-1-15 through 6-30-15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Dental Assn PAC	6 / / 15	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: State Farm Agents PAC-MAE	6 / / 15	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Healthcare Assn PAC	6 / / 15	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Guaranty Life Ins. Co.	6 / / 15	$ 250
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.

Name of Candidate or Committee: John L. Moore

Reporting period: 6-1-15 through 6-30-15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Power Co. PAC	6 / / 15	$ 400.
Mailing Address	/ /	$
City, State, Zip Code: Gulfport, Ms	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.

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	$

Name of Candidate or Committee John L. Moore

Reporting period 6-1-15 through 6-30-15

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Republic Group Mailing Address	6/__/15	$ 2764.73
City, State, Zip Code: Jackson, Ms Purpose of Disbursement (Optional): Ads/mail	6/__/15 Aggregate Year-to-date	$ 2054.- $ 4818.73
B. Full name: Office Depot Mailing Address: ~~Office Depot~~	6/__/15	$ 495.-
City, State, Zip Code: Pearl, Ms Purpose of Disbursement (Optional): Campaign supplies	__/__/__ Aggregate Year-to-date	$ $ 495
C. Full name: Shell oil Co. Mailing Address	6/__/15	$ 721.-
City, State, Zip Code: Sioux falls, SD. Purpose of Disbursement (Optional): fuel Exp.	__/__/__ Aggregate Year-to-date	$ $ 1500.
D. Full name: Chevron oil Co. Mailing Address	6/__/15	$ 390
City, State, Zip Code: Atlanta Ga. Purpose of Disbursement (Optional): Fuel	__/__/__ Aggregate Year-to-date	$ $ 849
E. Full name: Alpha Graphics, Inc Mailing Address	6/__/15	$ 447.-
City, State, Zip Code: Pearl, Ms Purpose of Disbursement (Optional): Stationary/Supplies	__/__/__ Aggregate Year-to-date	$ $ 447.-
F. Full name: Custom Products, Inc Mailing Address	6/__/15	$ 756.-
City, State, Zip Code: Pearl, Ms Purpose of Disbursement (Optional)	__/__/__ Aggregate Year-to-date	$ $ 1675