2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 29 2010
Secretary of State
Capitol Office
DATE STAMP

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name: John Horhn

Full Address: 6035 Waverly Dr Jackson, MS 39206

Telephone: 601 366 4285 (Fax)

E-mail: jhorhn@comcast.net

Office Sought: Senate Dist 26 Political Party: Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ 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 municipal clerk 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	$	$ 50,009 95
Total amount of disbursements	$	$ 50,801 69
Total amount of cash on hand	$ 707 26	

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: John H

Date: 1/29/09

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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John Horton

Reporting period 1/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Signs First Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	1/2/09	$ 264.93
	__/__/__	$
	Aggregate Year-to-date	$ 264.93
B. Full name: Graphic Type Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	1/2/09	$ 497.14
	__/__/__	$
	Aggregate Year-to-date	$ 497.14
C. Full name: AT&T Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	1/12/09	$ 640.68
	__/__/__	$
	Aggregate Year-to-date	$ 640.68
D. Full name: Daskon Shad Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	1/7/09	$ 250.00
	__/__/__	$
	Aggregate Year-to-date	$ 250.00
E. Full name: Fernandez Creative Services Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	4/20/09	$ 400.00
	__/__/__	$
	Aggregate Year-to-date	$ 400.00
F. Full name: Inner City Broadcasting Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	4/23/09	$ 3412.75
	__/__/__	$
	Aggregate Year-to-date	$ 3412.75

Name of Candidate or Committee John Horn

Reporting period 1/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name: Clear Channel Radio Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 4/23/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 1599 70 $ 1599 70
B. Full name: Am. Cancer Society Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 4/25/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 250 00 $ 250 00
C. Full name: WMPR-Radio Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 4/29/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 1000 00 $ 1,000 00
D. Full name: Inner City Broadcasting Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 4/29/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 3,306 50 $ 6,719 25
E. Full name: WRBJ Radio Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 5/1/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 1,000 00 $ 1,000 00
F. Full name: Joe Griffin Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 5/6/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 4,000 00 $ 4,000 00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name: Bob LeGray Real Estate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/20/09	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name: Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6/11/09	$ 295.00
City, State, Zip Code	7/09/09	$ 265.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 560.00
C. Full name: AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6/11/09	$ 391.65
City, State, Zip Code	7/13/09	$ 428.51
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 820.16
D. Full name: Cathy Duckworth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 102 Overlook Cir	7/15/09	$ 1,000.00
City, State, Zip Code: Jackson 39213	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00
E. Full name: McDade's Market	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/20/09	$ 223.99
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 223.99
F. Full name: Capital Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/6/09	$ 993.12
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 993.12

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name: Cellular South Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 9/8/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 260.00 $
B. Full name: AT&T Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 9/8/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 397.75 $ 1217.21
C. Full name: Joe Griffin Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 9/4/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 450.00 $ 4,450.00
D. Full name: Sara Williams Mailing Address: 1984 Petit Bois City, State, Zip Code: Jackson, 39211 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 9/4/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 7,000.00 $ 7,000.00
E. Full name: Tyrone Hendrix Mailing Address: 729 S. Presto St City, State, Zip Code: Jackson 39209 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 9/4/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 1,200.00 $ 1,200.00
F. Full name: Roosevelt Daniels Mailing Address: 2002 Lake Trace Dr City, State, Zip Code: Jackson 39211 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 9/4/09 Aggregate Year-to-date	Amount of each disbursement this period: $ 1500.00 $ 1500.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Cathy Duckworth, 102 Overlook Cir, Jackson 39213	9/4/09	$ 1,300.00
	__/__/__	$ 1,300.00
	Aggregate Year-to-date	$
B. Pickett Printing	9/09/09	$ 808.92
	__/__/__	$
	Aggregate Year-to-date	$ 808.92
C. Branch Consulting	9/9/09	$ 4,000.00
	__/__/__	$
	Aggregate Year-to-date	$ 4,000.00
D. Horhn & Associates, P.O. Box 2030, Jackson 39225, loan reimbursement	9/29/09	$ 1,000.00
	__/__/__	$
	Aggregate Year-to-date	$ 1,000.00
E. John Horhn	__/__/__	$ 300.00
	__/__/__	$
	Aggregate Year-to-date	$ 300.00
F. Bancorp South	12/31/09	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$ 500.00

Purpose of Disbursement (Optional): loan reimbursement; return of contribution

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Horhn	1/5/09	$ 500.00
Mailing Address: 6035 Waverly Dr	__/__/__	$
City, State, Zip Code: Jackson MS 39206	__/__/__	$
Name of Employer (Required): MS Senate	__/__/__	$
Occupation (Required): legislator	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: Merck & Co Inc	1/5/09	$ 250
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: Buddy Medlin & Assoc	__/__/__	$ 250
Mailing Address: P.O. Box 24087	__/__/__	$
City, State, Zip Code: Jackson, MS 39225	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anheuser Busch	1/5/09	$ 500.00
Mailing Address: 106 E. College Ave Ste 700	__/__/__	$
City, State, Zip Code: Tallahassee, FL 32301	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Horhn	4/29/09	$ 2,000
Mailing Address: 6035 Waverly Dr	5/5/09	$ 400
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Name of Employer (Required): MS Senate	__/__/__	$
Occupation (Required): legislator	Aggregate year-to-date	$ 2,900

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Haley's PAC	4/15/09	$ 10,000
Mailing Address: 210 E. Capitol St.	5/5/09	$ 5,000
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 15,000

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) sole proprietorship	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Horhn & Assoc	5/11/09	$ 1,000
Mailing Address: P.O. Box 2030	__/__/__	$
City, State, Zip Code: Jackson, MS 39225	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: United Health Care Services	6/9/09	$ 500.00
Mailing Address: P.O. Box 1459	__/__/__	$
City, State, Zip Code: Minneapolis, MN 55440	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee John Hosher

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories	6/19/09	$ 275.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 275

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anheuser Busch	8/31/09	$ 500.00
Mailing Address: 106 E. College Ave Ste 700	/ /	$
City, State, Zip Code: Tallahassee, FL 32301	/ /	$
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: MAB PAC	8/5/09	$ 1,000.00
Mailing Address: 711 N. President St	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required)	/ /	$ ~~1,000.00~~
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bail Agents Assn	8/19/09	$ 1,000
Mailing Address: 113 S. President St Ste 111	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee John Hamlin

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carlton Brown	8/19/09	$ 500.00
Mailing Address: 224 Hancock St	__/__/__	$
City, State, Zip Code: Brooklyn, NY 11216	__/__/__	$
Name of Employer (Required): Full Spectrum	__/__/__	$
Occupation (Required): architect	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: The Hamilton Law Firm, PLLC	8/26/09	$ 350.00
Mailing Address: 911 26th Ave	__/__/__	$
City, State, Zip Code: Meridian, MS 39302	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 350.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☑ Other (please specify) ASSN	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Manufacturers ASSN PAC	9/4/09	$ 500.00
Mailing Address: 720 N. President St	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Bankcorp South	9/4/09	$ 500.00
Mailing Address: P.O. Box 1605	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Med Health Solutions	9/15/09	$ 250.00
Mailing Address: 100 Parsons Pond Drive	/ /	$
City, State, Zip Code: Franklin Lakes, NJ 07417	/ /	$
Name of Employer (Required): Baker Donelson	/ /	$
Occupation (Required): lobbyist	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gloria Williamson	9/13/09	$ 250.00
Mailing Address: 509-A Church Ave	/ /	$
City, State, Zip Code: Philadelphia 39350	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): lobbyist	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: William S. Ware	9/10/09	$ 250.00
Mailing Address: 271 Highland Place Dr	/ /	$
City, State, Zip Code: Jackson 39211	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): contractor	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Realtors PAC	9/11/09	$ 250.00
Mailing Address: P.O. Box 321000	/ /	$
City, State, Zip Code: Flowood 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Progressive Business Dev.	9/1/09	$ 1,000.00
Mailing Address: 2102 Thousand Oaks Dr Ste 6	__/__/__	$
City, State, Zip Code: Jackson 39212	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: M3A Architecture PLLC	9/1/09	$ 500.00
Mailing Address: 4880 McWillie Circle	__/__/__	$
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Dale & Assoc Architects P.A.	8/27/09	$ 500.00
Mailing Address: One Jackson PL Ste 250	__/__/__	$
City, State, Zip Code: Jackson 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Buddy Medlin & Assoc	9/3/09	$ 500.00
Mailing Address: P.O. Box 24087	__/__/__	$
City, State, Zip Code: Jackson, MS 39225	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Watkins Partners	9/1/09	$ 500.00
Mailing Address: 300 W. Capitol Ste 200	/ /	$
City, State, Zip Code: Jackson 39203	/ /	$
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: Capitol St. Corp.	9/1/09	$ 500.00
Mailing Address: P. O. Box 12485	/ /	$
City, State, Zip Code: Jackson 39236	/ /	$
Name of Employer (Required)	/ /	$
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: MS Products, Inc	9/1/09	$ 500.00
Mailing Address: P. O. Box 8866	/ /	$
City, State, Zip Code: Jackson 39284	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Joel Hudnall	9/1/09	$ 500.00
Mailing Address: 34 Fountaindale	/ /	$
City, State, Zip Code: Columbus, MS 39705	/ /	$
Name of Employer (Required): Neel-Schaffer	/ /	$
Occupation (Required): engineer	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W B Consolidated	8/31/09	$ 500.00
Mailing Address: 770 N. West St	/ /	$
City, State, Zip Code: Jackson 39205	/ /	$
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: Wm. Cooley	9/1/09	$ 500.00
Mailing Address: 1116 Hallmark Dr	/ /	$
City, State, Zip Code: Jackson 39206	/ /	$
Name of Employer (Required): Systems Consultants	/ /	$
Occupation (Required): business owner	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: Bob Owens	9/1/09	$ 500.00
Mailing Address: P.O. Box 808	/ /	$
City, State, Zip Code: Jackson 39205	/ /	$
Name of Employer (Required): Owens Law Firm	/ /	$
Occupation (Required): atty	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: Walter Weems	9/1/09	$ 500.00
Mailing Address: P.O. Box 119	/ /	$
City, State, Zip Code: Jackson 39205	/ /	$
Name of Employer (Required): Brunini Law Firm	/ /	$
Occupation (Required): atty	Aggregate year-to-date	$

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leland S. Garrett	9/2/09	$ 500.00
Mailing Address: P.O. Box 31238	/ /	$
City, State, Zip Code: Jackson 39286	/ /	$
Name of Employer (Required): Garrett Enterprises	/ /	$
Occupation (Required): business owner	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: Willie O'Neal, Jr	9/3/09	$ 500.00
Mailing Address: P.O. Box 65	/ /	$
City, State, Zip Code: Crawford, MS 39743	/ /	$
Name of Employer (Required): SOL Eng.	/ /	$
Occupation (Required): engineer	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: Toni Cooley	9/1/09	$ 500.00
Mailing Address: 1028 Whitsett Walk	/ /	$
City, State, Zip Code: Jackson 39202	/ /	$
Name of Employer (Required): Systems PPG	/ /	$
Occupation (Required): business owner	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) ASSN	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Downtown Jackson Partners	9/1/09	$ 250.00
Mailing Address: 125 S. Congress St Ste 101	/ /	$
City, State, Zip Code: Jackson 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Dixon	9/1/09	$ 300.00
Mailing Address: 505 Dartmouth Dr	/ /	$
City, State, Zip Code: Jackson 39209	/ /	$
Name of Employer (Required): Dixon Interiors	/ /	$
Occupation (Required): Contractor	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C. Fowlkes-Wilson	9/1/09	$ 300.00
Mailing Address: P. O. Box 193	/ /	$
City, State, Zip Code: Woodstock, NY 12498	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Singer	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC Mississippi	8/27/09	$ 250.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marion Counseling PLLC	9/1/09	$ 250.00
Mailing Address: P.O. Box 13509	/ /	$
City, State, Zip Code: Jackson 39236	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dorian Turner PLLC	8/31/09	$ 250.00
Mailing Address: 308 W. Capitol St	__/__/__	$
City, State, Zip Code: Jackson 39203	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. Barry Cannada	9/1/09	$ 250.00
Mailing Address: 827 Pinehurst PL	__/__/__	$
City, State, Zip Code: Jackson 39202	__/__/__	$
Name of Employer (Required): Butler Snow	__/__/__	$
Occupation (Required): Atty	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: Alex Thomas	9/1/09	$ 250.00
Mailing Address: 670 Southern Oaks Dr	__/__/__	$
City, State, Zip Code: Florence, MS 39073	__/__/__	$
Name of Employer (Required): MS Dev Authority	__/__/__	$
Occupation (Required): cultural developer	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nanetta Payne	9/1/09	$ 250.00
Mailing Address: 5643 Concord Dr	__/__/__	$
City, State, Zip Code: Jackson 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee John Harden

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Landy	9/1/09	$ 250.00
Mailing Address: 458 Greenwood Ln	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required): Capitol Resources	__/__/__	$
Occupation (Required): lobbyist	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Isaac Byrd	9/1/09	$ 250.00
Mailing Address: P.O. Box 19	__/__/__	$
City, State, Zip Code: Jackson 39215	__/__/__	$
Name of Employer (Required): Byrd & Assoc	__/__/__	$
Occupation (Required): Atty	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: Dr. David Powe	9/1/09	$ 250.00
Mailing Address: 5174 Old Hillsboro Rd	__/__/__	$
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Name of Employer (Required): UMC	__/__/__	$
Occupation (Required): hospital administrator	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cornelius Turner	9/1/09	$ 250.00
Mailing Address: 207 W. Amite St	__/__/__	$
City, State, Zip Code: Jackson 39201	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Progress for Mississippi	9/1/09	$ 250.00
Mailing Address: P.O. Box 1000	/ /	$
City, State, Zip Code: Clarksdale, MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clara Hester	9/1/09	$ 250.00
Mailing Address: 148 Oakhurst Trail	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Capitol Resources	/ /	$
Occupation (Required): lobbyist	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: Bettye Ruth Johnson	9/18/09	$ 250.00
Mailing Address: 1716 Poplar Blvd	/ /	$
City, State, Zip Code: Jackson 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Independent RX PAC	9/22/09	$ 500.00
Mailing Address: 4205 Lakeland Dr Ste 399	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee John Horhn

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Astra Zeneca	10/26/09	$ 350.00
Mailing Address: 1800 Concord Pike	/ /	$
City, State, Zip Code: Wilmington, DE 15437	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 350.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) ASSN	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Assn for HomeCare	12/1/09	$ 300.00
Mailing Address: 134 Fairmont St Ste B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T MS PAC	9/17/09	$ 500.00
Mailing Address: 175 E. Capitol St	/ /	$
City, State, Zip Code: Jackson 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Rob Wells	12/22/09	$ 1,000.00
Mailing Address: 226 Westfield Rd	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): insurance	Aggregate year-to-date	$ 1,000.00