



REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED

JAN 31 2013

Secretary of State
Capitol Office

Name John Horhn
 Address P.O. Box 2030 County Hinds
 Telephone 601 366 4285 Fax _____
 Office Sought Senate Dist 26 Email Address jhorhn@comcast.net

Check here if above is different from previous report

- ____ May 10, 2012 Periodic Report (January 1, 2012, through April 30, 2012).....Mandatory
- ____ June 8, 2012 Periodic Report (May 1, 2012, through May 31, 2012).....Mandatory
- ____ July 10, 2012 Periodic Report (June 1, 2012, through June 30, 2012).....Mandatory
- ____ October 10, 2012 Periodic Report (July 1, 2012 through September 30, 2012).....Mandatory
- ____ October 30, 2012 Pre-Election Report (October 1, 2012, through October 27, 2012).....Mandatory
- ____ November 20, 2012 Pre-Election Report (October 28, 2012, through November 17, 2012).....Runoff Candidates only
- ____ January 10, 2013 Periodic Report (October 28, 2012, through December 31, 2012).....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 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 | \$ 4,250 ⁰⁰ + \$ 1,000 ⁰⁰ | \$ | \$ 5,250 ⁰⁰ |
| Total amount of disbursements | \$ 2,475 ⁰⁰ + \$ 3,000 ⁰⁰ | \$ | \$ 5,475 ⁰⁰ |
| Total amount of cash on hand | | \$ 3132 | |

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

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.

Name of Candidate or Committee John HorbaReporting period January 1, 2012 through December 31, 2012

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Comcast Corp</u> | <u>10/15/12</u> | \$ <u>250.00</u> |
| Mailing Address <u>One Comcast Center, 1701 JFK Blvd</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Philadelphia, PA</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> |
| 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) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Early States Toyota</u> | <u>10/15/12</u> | \$ <u>250.00</u> |
| Mailing Address <u>1375 Enclave Pkwy</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Houston, TX 77077</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"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Tellus Operating Group</u> | <u>9/25/12</u> | \$ <u>500.00</u> |
| Mailing Address <u>602 Crescent Place Ste 100</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Ridgeland, MS 39157</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"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Altria Client Services</u> | <u>10/18/12</u> | \$ <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 HornerReporting period Jan 1, 2012 through Dec 31, 2012

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>MS Dental PAC</u> | <u>10/15/12</u> | \$ <u>500.00</u> |
| Mailing Address <u>2630 Ridgewood Rd Ste. C</u> | <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39216</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> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | |
| Full name <u>Victor Welch</u> | <u>10/17/12</u> | \$ <u>2500.00</u> |
| Mailing Address <u>P.O. Box 22985</u> | <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39225</u> | <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| Name of Employer (Required) <u>Pittman Law Firm</u> | <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| Occupation (Required) <u>attorney</u> | Aggregate year-to-date | \$ <u>2500.00</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 | \$ _____ |

Name of Candidate or Committee John A. Horhn
 Reporting period January 1, 2012 through December 31, 2012

ITEMIZED DISBURSEMENTS

| | | | |
|------------------------------------|---|---------------------------|--|
| A. Full name | <u>Living Legend Project</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>Tougaloo College</u> | <u>11/11/12</u> | \$ <u>225⁰⁰</u> |
| City, State, Zip Code | <u>Tougaloo, MS 39174</u> | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>225⁰⁰</u> |
| B. Full name | <u>Elynn Fish</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>127 Vinings Drive</u> | <u>10/25/12</u> | \$ <u>500⁰⁰</u> |
| City, State, Zip Code | <u>Madison, MS 39110</u> | <u>10/25/12</u> | \$ <u>300⁰⁰</u> |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>800⁰⁰</u> |
| C. Full name | <u>Earle Banks Campaign</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>866 N. Farish St</u> | <u>10/18/12</u> | \$ <u>500⁰⁰</u> |
| City, State, Zip Code | <u>Jackson, MS 39202</u> | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>500⁰⁰</u> |
| D. Full name | <u>Capital City Alternative School</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>c/o Jackson Public Schools</u> | <u>10/18/12</u> | \$ <u>300⁰⁰</u> |
| City, State, Zip Code | | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>300⁰⁰</u> |
| E. Full name | <u>National Black Caucus of State Legislators</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>444 N. Capitol St NW</u> | <u>12/6/12</u> | \$ <u>650⁰⁰</u> |
| City, State, Zip Code | <u>Washington, DC 20001</u> | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ <u>650⁰⁰</u> |
| 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 | \$ |