2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN 19 2015
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report

Name of Candidate Bobby B. Howell

Address P.O. Box 213 Kilmichael, MS 39747

Telephone 662-262-7171 Fax NA

Office Sought STATE REPRESENTATIVE Email Address bhowell@HOUSE.MS.GOV

☐ Check here if above is different from previous report

✓ January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....Mandatory
All Candidates and Political Committees that received funds or made expenditures in Mississippi during the year 2014. Excludes Judicial Candidates.

____ 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	$13,650.00 + $	$ 13,650.00	$ 13,650.00
Total amount of disbursements	$730.45 + $ 9932.23	$	$
Total amount of cash on hand	12-31-2014	$ 27,742.29	

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

Bobby B. Howell
Signature of Candidate

1-19-2015
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.*

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-14 / through 12-31-14

ITEMIZED DISBURSEMENTS

A. Full name Ms. Republican Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 60	2/21/14	$ 240.00
City, State, Zip Code Jackson, Ms 39215	__/__/__	$
Purpose of Disbursement (Optional) ~~Ms. House Republican Caucus~~	Aggregate Year-to-date	$ 275.00
B. Full name Ms. House Republican Caucus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 2008	7/7/14	$ 250.00
City, State, Zip Code Jackson, Ms. 39215	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
C. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4950 I-55 North	12/8/14	$ 240.45
City, State, Zip Code Jackson, Ms 39200	__/__/__	$
Purpose of Disbursement (Optional) Christmas Mailings	Aggregate Year-to-date	$ 240.45
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee: Bobby B Howell

Reporting period: 1-1-2014 through 12-31-14

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Zeneca Services	12/17/14	$ 500.00
Mailing Address: P.O. Box 15437	/ /	$
City, State, Zip Code: Wilmington, DE 19850-5437	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Health Care Assn.	11/10/14	$ 2000.00
Mailing Address: 1076 Highland Colony Pkwy Ste 125	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

C. Source [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: 1-800 Contacts, Inc	10/23/14	$ 500.00
Mailing Address: 66 E. Wadsworth Park Dr.	/ /	$
City, State, Zip Code: Draper, UT 84020	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co	6/23/14	$ 1000.00
Mailing Address: Centene Corp	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee: Bobby B. Howell

Reporting period: 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf States Toyota	8/21/14	$ 250.00
Mailing Address: 1375 Enclave Parkway	/ /	$
City, State, Zip Code: Houston, Tx 77077	/ /	$
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: KCS Rail PAC	7/14/14	$ 250.00
Mailing Address: P.O. Box 219335	/ /	$
City, State, Zip Code: Kansas City, Mo 64121-9335	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: GlaxoSmithKline	11/3/14	$ 500.00
Mailing Address: 3741 Kinross Dr.	/ /	$
City, State, Zip Code: Birmingham, Al 35242-5805	/ /	$
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: AT+T PAC	11/3/14	$ 200.00
Mailing Address: 111 East Capitol St Suite 6030	/ /	$
City, State, Zip Code: Jackson, Ms. 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MPC PAC	10/29/14	$ 200.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: GULFPORT, MS. 39502-4079	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS. CHIROPRACTIC PAC	10/29/14	$ 1000.00
Mailing Address: P.O. Box 24089	/ /	$
City, State, Zip Code: Jackson, MS. 39225-4089	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PFIZER	10/18/14	$ 500.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: JACKSON, MS. 39205-0217	/ /	$
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: UHC	8/29/14	$ 500.00
Mailing Address: P.O. Box 217	/ /	$
City, State, Zip Code: JACKSON, MS 39205-0217	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hewlett-Packard Company	8 / 25 / 14	$ 500.00
Mailing Address: 707-709 G Street NW Suite 300	/ /	$
City, State, Zip Code: Washington, D.C. 20001	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EPA PAC	8 / 14 / 14	$ 500.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, Ms. 39158-3300	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Dental PAC	7 / 29 / 14	$ 1000.00
Mailing Address: 814 N. President St. (2013)	5 / 30 / 14	$ 1000.00
City, State, Zip Code: Jackson, Ms 39202	/ /	$
Name of Employer (Required)	/ /	$ 2000.00
Occupation (Required)	Aggregate year-to-date	$

D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnson & Johnson	7 / 8 / 14	$ 250.00
Mailing Address: 1 Johnson & Johnson Plaza	/ /	$
City, State, Zip Code: New Brunswick, N.J. 08933-7204	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MERCK + Co., INC	6 / 14 / 14	$ 500.00
Mailing Address: 8050 MICROSOFT WAY Suite 306	/ /	$
City, State, Zip Code: Charlotte, N.C 28273	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eli Lilly	6 / 4 / 14	$ 500.00
Mailing Address: P.O. Box 4385	/ /	$
City, State, Zip Code: Brandon, Ms. 39047	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE (2013 CK. 5-22-13)	5 / 30 / 14	$ 500.00
Mailing Address: P.O. Box 16490	/ /	$
City, State, Zip Code: Jackson, Ms 39236	/ /	$
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: WALGREENS	1 / 31 / 14	$ 250.00
Mailing Address: 104 WILMOT Rd	/ /	$
City, State, Zip Code: Deerfield, IL 60015	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

A. Source: [X] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS. ASSOCIATION FOR HOMECARE	1/17/14	$ 1000.00
Mailing Address: 134 FAIRMONT ST. Suite B	/ /	$
City, State, Zip Code: CLINTON, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Express Scripts, Inc	1/4/14	$ 250.00
Mailing Address: ONE Express WAY	/ /	$
City, State, Zip Code: St. Louis, Mo. 63121	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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	/ /	$
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	$