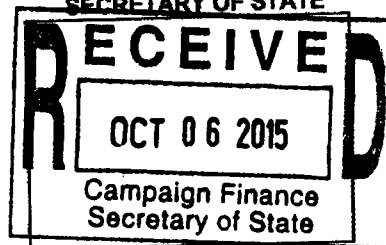


2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election



Name of Candidate Loyd B. "Rob" Roberson II
 Address 1108 Hwy 182 West Starkville, MS 39759 County Oktibbeha
 Telephone (Work) 662324-3810 (Home) 662-418-2914 (Fax) 662-461-8956
 Contact Name Tiffany Harris Email Address robersonlaw@aol.com
 Office Sought House of Representative Dist 43 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
- 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)Mandatory
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 ReportMandatory
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 \$	5657.88*	900.00	\$ 6557.88	\$ 25500.94
Total amount of disbursements \$	7753.76*	352.03	\$ 8105.79	\$ 25773.79
Total amount of cash on hand			\$ 2132.81	includes money prior to 2015

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Rob Roberson Date Oct. 6, 2015

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
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Loyd B. "Rob" Roberson
 Reporting period July 29, 2015 through Septmeber 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Facebook		
Mailing Address	<u>07</u> / <u>31</u> / <u>15</u>	\$ 196.28
1 Hackway		
City, State, Zip Code	<u>08</u> / <u>20</u> / <u>15</u>	\$ 211.60
Menlo, CA 94205		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 407.88
ADs		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tellos		
Mailing Address	<u>07</u> / <u>29</u> / <u>15</u>	\$ 1805.71
1012 N. Jackson		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10320.71
TV ADs and Production		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Camphouse		
Mailing Address	<u>08</u> / <u>05</u> / <u>15</u>	\$ 325.00
409 University Drive		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Starkville, Ms 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 325.00
Campaign Event		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Watermark		
Mailing Address	<u>09</u> / <u>24</u> / <u>15</u>	\$ 2038.08
1085 Stark Road		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3336.09
Push Cards, Door Hangers, Cards and Envelopes		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
College Republicans		
Mailing Address	<u>09</u> / <u>15</u> / <u>15</u>	\$ 250.00
C/O Gavin King Maxwell Street Apt 7		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Starkville, Ms 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
Donation		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Starkville Young Professionals		
Mailing Address	<u>08</u> / <u>19</u> / <u>15</u>	\$ 200.00
111 Tuxford		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Starkville, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
Donation		

Name of Candidate or Committee Loyd B. "Rob" RobersonReporting period July 29, 2015 through Septmeber 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mail Managers		
Mailing Address	<u>08 / 05 / 15</u>	\$ 1332.09
104 Willow Road		
City, State, Zip Code	<u> / / </u>	\$
Starkville, Ms 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1332.09
Mail Out		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Starkville Daily news		
Mailing Address	<u>08 / 11 / 15</u>	\$ 300.00
304 E Lampkin		
City, State, Zip Code	<u> / / </u>	\$
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 610.00
Ad		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
James Apple		
Mailing Address	<u>08 / 06 / 15</u>	\$ 50.00 gas
212 East Main Street		
City, State, Zip Code	<u>08 / 20 / 15</u>	\$ 125.00
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ Cont
Payroll and gas		
D. Full name	Date (Mo., Day, Year)	Amount of each dtsbursement this period
James Apple		
Mailing Address	<u>08 / 26 / 15</u>	\$ 400.00
212 East Main Street		
City, State, Zip Code	<u>09 / 18 / 15</u>	\$ 125.00
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ Cont
Payroll		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
James Apple		
Mailing Address	<u>09 / 24 / 15</u>	\$ 125.00
212 East Main Street		
City, State, Zip Code	<u>08 / 04 / 15</u>	\$ 20.00 supp
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ Cont
Payroll and supplies		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
James Apple		
Mailing Address	<u>08 / 06 / 15</u>	\$ 125.00
212 East Main Street		
City, State, Zip Code	<u>08 / 13 / 15</u>	\$ 125.00
Starkville, MS 39759		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1095.00
Payroll		

Name of Candidate or Committee Loyd B. "Rob" Roberson II
 Reporting period July 29, 2015 through September 30, 2015

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>Friends of Phil Bryant</u>	<u>08 / 24 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321226</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>State of MS</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Governor of MS</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Mac Smith</u>	<u>08 / 06 / 15</u>	\$ <u>1000.00</u>
Mailing Address <u>343 Lakewood Dr</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Little Dooney's</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Manager</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. 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>Patrick Linley</u>	<u>07 / 29 / 15</u>	\$ <u>150.00</u>
Mailing Address <u>506 S Jakson Street</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Owner Strkville Computers</u>	Aggregate year-to-date	\$ <u>400.00</u>
D. 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>Frank Chiles</u>	<u>07 / 29 / 15</u>	\$ <u>200.00</u>
Mailing Address <u>12 Tally Ho</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Stakville, MS 39759</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Frank Chiles State Farm</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Agent</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Loyd B. "Rob" Roberson II
 Reporting period July 29, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. 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>Cane Creek Development LLC</u>	<u>09 / 07 / 15</u>	\$ <u>1000.00</u>
Mailing Address <u>605 E Ave B</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Alpine, Tx 79830</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>NA</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. 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>Gary Chism</u>	<u>08 / 28 / 15</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 2343</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Columbus, MS 39704</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>State of MS</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>House of Representative</u>	Aggregate year-to-date	\$ <u>2000.00</u>
C. 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>Ms. Concrete Industries Assoc</u>	<u>09 / 14 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>6700 Canton Road Suite K</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Political Committee</u>		
Full name <u>Oktibbeha County Republican Executive Committee</u>	<u>09 / 14 / 15</u>	\$ <u>400.00</u>
Mailing Address <u>208 Pinebrook Road</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Committee</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Executive Committee for Oktibbeha Republicans</u>	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Loyd B. Rob Roberson II
 Reporting period July 29, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Home Builders Association of MS</u>	<u>09 / 14 / 15</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 3556</u>	□ / □ / □	\$ □
City, State, Zip Code <u>Jackson, MS 39207</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>NA</u>	□ / □ / □	\$ □
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Loyd B. "Rob" Roberson II</u>	<u>07 / 31 / 15</u>	\$ <u>196.28</u>
Mailing Address <u>1108 Hwy 182 West</u>	<u>08 / 20 / 15</u>	\$ <u>211.60</u>
City, State, Zip Code <u>Starkville, MS 39759</u>	□ / □ / □	\$ □
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ □
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>5760.90</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) _____	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: <input 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	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □