



Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2022 Annual Report

SECRETARY OF STATE  
**RECEIVED**  
 JAN 31 2023  
 Secretary of State  
 Capitol Office  
 MISSISSIPPI

Name of Candidate John Hines  
 Address P.O. Box 114 City/State/Zip Greenville, MS 38724  
 Telephone (Work) 662-822-0476 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email Address Johnwhinessr@gmail.com  
 Office Sought House of Reps

Check here if above information is different from previous report

**TYPE OF REPORT**

Tuesday, January 31, 2023 (January 1, 2022 through December 31, 2022) ..... Annual Report  
 \_\_\_\_\_ Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

**IMPORTANT**

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018**

	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
JAN. 1, 2022 CASH ON HAND BALANCE			\$ 722.00
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$ 5000.00	\$ 0	\$ 5,722.00
TOTAL AMT OF DISBURSEMENTS	\$ 3750.00	\$ 900.00	\$ 4650.00
DEC. 31, 2022 CASH ON HAND BALANCE			\$


<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2022 CASH ON HAND BALANCE			\$ 722.00
TOTAL AMT OF CONTRIBUTIONS	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
	\$ 500.00	\$ 0	\$ 5722.00
TOTAL AMT OF DISBURSEMENTS	\$ 3750.00	\$ 9000	\$ 4650.00
DEC. 31, 2022 CASH ON HAND BALANCE			\$ 1072.00

*Will Amend IF Needed!*

*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

1-31-2023  
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>FOMH</u>		<u>12/01/2022</u>	\$ <u>1000.00</u>
Mailing Address <u>116 Woodgreen Crossing</u>		_ / _ / _	\$
City, State, Zip Code <u>Madison, MS 39110</u>		_ / _ / _	\$
Name of Employer (Required) _____		_ / _ / _	\$
Occupation (Required) _____		_ / _ / _	\$
		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>NAIFA-MS IFA PAC</u>		<u>11/03/2022</u>	\$ <u>250.00</u>
Mailing Address <u>600 State St. Ste A</u>		_ / _ / _	\$
City, State, Zip Code <u>Cedar Falls, IA 50613</u>		_ / _ / _	\$
Name of Employer (Required) _____		_ / _ / _	\$
Occupation (Required) _____		_ / _ / _	\$
		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>CWA-COPE PCC</u>		<u>10/27/2022</u>	\$ <u>2500.00</u>
Mailing Address <u>501-3rd Street NW</u>		_ / _ / _	\$
City, State, Zip Code <u>Washington, DC 20001</u>		_ / _ / _	\$
Name of Employer (Required) _____		_ / _ / _	\$
Occupation (Required) _____		_ / _ / _	\$
		Aggregate year-to-date	\$ <u>2500.00</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>RAI Services Company</u>		_ / _ / _	\$ <u>500.00</u>
Mailing Address <u>401 N. Main Street</u>		_ / _ / _	\$
City, State, Zip Code <u>Winston-Salem, NC 27101</u>		_ / _ / _	\$
Name of Employer (Required) _____		_ / _ / _	\$
Occupation (Required) _____		_ / _ / _	\$
		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

John Aines

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Reporting period

1-31-2022

through

1-31-2023

# ITEMIZED RECEIPTS

A. Source:  Corporation  PAC  Individual  Loan

Other (please specify)

Full name

Allstate I C

Date (Mo., Day, Year)

6/16/2022

Amount of each receipt this period

\$ 25000

Mailing Address

2775 Sanders Rd

\_\_/\_\_/\_\_

\$

City, State, Zip Code

Northbrook IL 60062

\_\_/\_\_/\_\_

\$

Name of Employer (Required)

\_\_/\_\_/\_\_

\$

Occupation (Required)

Aggregate year-to-date

\$ 250.00

B. Source:  Corporation  PAC  Individual  Loan

Other (please specify)

Full name

MAE - PAC

Date (Mo., Day, Year)

12/16/2022

Amount of each receipt this period

\$ 500.00

Mailing Address

1657 M<sup>c</sup> Farland Blvd N. Ste

\_\_/\_\_/\_\_

\$

City, State, Zip Code

Tuscaloosa, AL 35406

\_\_/\_\_/\_\_

\$

Name of Employer (Required)

\_\_/\_\_/\_\_

\$

Occupation (Required)

Aggregate year-to-date

\$ 500.00

C. Source:  Corporation  PAC  Individual  Loan

Other (please specify)

Full name

Date (Mo., Day, Year)

Amount of each receipt this period

\_\_/\_\_/\_\_

\$

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)

Full name

Date (Mo., Day, Year)

Amount of each receipt this period

\_\_/\_\_/\_\_

\$

Mailing Address

\_\_/\_\_/\_\_

\$

City, State, Zip Code

\_\_/\_\_/\_\_

\$

Name of Employer (Required)

\_\_/\_\_/\_\_

\$

Occupation (Required)

Aggregate year-to-date

\$

Name of Candidate or Committee

John Hing

Reporting period

1-31-2022

through

1-31-2023

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

Prior to January 1, 2018 or

On or After January 1, 2018

A. Full name

U.S. Postal

Mailing Address

Date (Mo., Day, Year)

Amount of each disbursement this period

6/16/2022

\$ 500.00

City, State, Zip Code

Greenville, MS 38701

12/10/2022

\$ 500.00

Purpose of Disbursement (Optional)

Aggregate Year-to-date

\$ 1000.00

B. Full name

Deville Carrems

Mailing Address

Date (Mo., Day, Year)

Amount of each disbursement this period

11/15/2022

\$ 800.00

City, State, Zip Code

Greenville, MS 38703

12/30/2022

\$ 400.00

Purpose of Disbursement (Optional)

Aggregate Year-to-date

\$ 1200.00

C. Full name

Walmart

Mailing Address

Date (Mo., Day, Year)

Amount of each disbursement this period

11/28/2022

\$ 500.00

City, State, Zip Code

Greenville, MS, 38703

1/1/

\$

Purpose of Disbursement (Optional)

Aggregate Year-to-date

\$ 500.00

D. Full name

Beta

Mailing Address

Date (Mo., Day, Year)

Amount of each disbursement this period

12/15/2022

\$ 300.00

City, State, Zip Code

Greenville, MS 38701

1/1/

\$

Purpose of Disbursement (Optional)

Aggregate Year-to-date

\$ 300.00

E. Full name

Beta Rho Foundation

Mailing Address

Date (Mo., Day, Year)

Amount of each disbursement this period

6/15/2022

\$ 250.00

City, State, Zip Code

Beta Rho Ms. 38441

12/15/2022

\$ 250.00

Purpose of Disbursement (Optional)

Aggregate Year-to-date

\$ 500.00

F. Full name

ARCOLA Leany Center

Mailing Address

Date (Mo., Day, Year)

Amount of each disbursement this period

1/1/

\$

City, State, Zip Code

ARCOLA MS

1/1/

\$

Purpose of Disbursement (Optional)

Aggregate Year-to-date

\$ 250.00