2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Capitol Office
DATE STAMP

Candidate

# REPORT OF RECEIPTS AND DISBURSEMENTS
## 2014 Annual Report

Name of Candidate Johnny Stringer

Address 167 CR 2349-Louin, MS County Jasper

Telephone 601-739-3663 Fax _____

Office Sought _____ Email Address _____

☐ 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 | $2750.00 +$ 600.00 | $ 3350.00 | $ 3350.00 |
| Total amount of disbursements | $ 349.15 +$ 6449.85 | $ 6799.00 | $ 6799.00 |
| Total amount of cash on hand | | $ 154,417.89 | |

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

_____ 12-31-15
**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.***

Page 1 of

Name of Candidate or Committee Johnny W. Stringer

Reporting period January 1, 2014 through December 31, 2014

# 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 |
|---|---|---|
| Dean's Smokehouse<br>Hwy. 15 South<br>Stringer, MS<br>Cook Out | 8/29/14 | $ 349.15 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ 349.15 |
| **B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| **C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| **D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| **E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| **F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee Johnny Stringer

Reporting period January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Electric Power Assn<br>Mailing Address: P.O. Box 3300<br>City, State, Zip Code: Ridgeland, MS 39158-3300<br>Name of Employer (Required)<br>Occupation (Required) | 8/17/14 | $ 500.00 |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | 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: Anheuser Busch<br>Mailing Address: One Busch Place<br>City, State, Zip Code: St. Louis, Missouri 63118<br>Name of Employer (Required)<br>Occupation (Required) | 9/10/14 | $ 500.00 |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | 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: Danbury<br>Mailing Address: 5320 Legacy Drive<br>City, State, Zip Code: Plano, Texas 75024-3121<br>Name of Employer (Required)<br>Occupation (Required) | 10/14/14 | $ 500.00 |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | 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: Comcast<br>Mailing Address: Centene Management Co., LLC - Centene Corp.<br>City, State, Zip Code: St. Louis, MO 63105<br>Name of Employer (Required)<br>Occupation (Required) | 11/8/14 | $ 500.00 |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate year-to-date | $ |

Name of Candidate or Committee Johnny Stringer

Reporting period January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: ENPAC MS | 12/4/14 | $ 250.00 |
| Mailing Address: P.O. Box 1640 | __/__/__ | $ |
| City, State, Zip Code: Jackson, MS 39215-1640 | __/__/__ | $ |
| 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: Swisher International, Inc. | 12/18/14 | $ 500.00 |
| Mailing Address: P.O. Box 2230 | __/__/__ | $ |
| City, State, Zip Code: Jacksonville, FL 32203-2230 | __/__/__ | $ |
| 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 | __/__/__ | $ |
| 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 | $ |