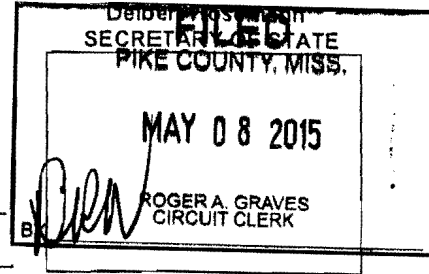


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election



Name of Candidate Devante Johnson
 Address 315 Earl Street County Pike
 Telephone (Work) 601-684-4165 (Home) 601-324-7827 (Fax) _____
 Contact Name _____ Email Address _____
 Office Sought Supervisor 1 Political Party Democrat

Check here if above is different from previous report

<u>TYPE OF REPORT</u>		
<input checked="" type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	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
Total amount of contributions	\$ 1,400.00	+\$ 0.00	\$ 2,400.00
Total amount of disbursements	\$ 0.00	+\$ 400.00	\$ 400.00
Total amount of cash on hand			\$ 2,000.00

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 [Signature] Date 5/8/14

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:

- 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee
 Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Bremond</u>	<u>5/7/15</u>	\$ <u>300</u>
Mailing Address <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Hattiesburg MS</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <u>Walmart</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <u>zone manager</u>	Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edward Johnson</u>	<u>4/18/15</u>	\$ <u>250.</u>
Mailing Address <input type="text"/>	<u>4/16/15</u>	\$ <u>500</u>
City, State, Zip Code <u>Houston, Texas</u>	<u>5/18/15</u>	\$ <u>350</u>
Name of Employer (Required) <u>Johnson Trucking</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <u>Manager</u>	Aggregate year-to-date	\$ <u>1100.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Devante Johnson</u>	<u>01/29/15</u>	\$ <u>1000.00</u>
Mailing Address <u>315 Earl Street</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>McCombs, MS</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>	Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee Devante Johnson
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. 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	\$
B. 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	\$
C. 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	\$
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	\$