

Delbert Hosemann  
SECRETARY OF STATE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

MISSISSIPPI  
JUL 28 2015

Name of Candidate Devante Johnson  
Address 915 Earl Street County Pike  
Telephone (Work) 601-224-7822 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Contact Name (Same) Email Address \_\_\_\_\_  
Office Sought Supervisor Dist 1 Political Party Democrat

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 Report .....Mandatory  
*(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015)* *All Candidates and Political Committees*
- \_\_\_ 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, 2015 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 \$ | 600      | + | 0            | \$ 600      | \$ 2900               |
| Total amount of disbursements \$ | 1200     | + | 0            | \$ 1200     | \$ 2100               |
| Total amount of cash on hand     |          |   |              | \$ 200.00   |                       |

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 7/28/15

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 Devante Johnson

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>                   | Date<br>(Mo., Day, Year)   | Amount of each receipt<br>this period |
|---|--|---------------------------------------|
| Other (please specify) _____  |  |                                       |
| Full name<br><u>Bus SuppIt</u>  | <u>7/27/15</u>   | \$ <u>300.00</u>                      |
| Mailing Address<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| City, State, Zip Code<br><u>McComs, MS</u>  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Name of Employer (Required)<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Occupation (Required)<br>_____  | Aggregate<br>year-to-date  | \$ _____                              |
| <b>B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b> |  |                                       |
| Other (please specify) _____  |  |                                       |
| Full name<br><u>Keith (Karen) Sanders</u>   | <u>7/27/15</u>   | \$ <u>300.00</u>                      |
| Mailing Address<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| City, State, Zip Code<br><u>McComs MS</u>   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Name of Employer (Required)<br><u>Owner</u>   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Occupation (Required)<br><u>Bus SuppIt</u>  | Aggregate<br>year-to-date  | \$ _____                              |
| <b>C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b> |  |                                       |
| Other (please specify) _____  |  |                                       |
| Full name<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Mailing Address<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| City, State, Zip Code<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Name of Employer (Required)<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Occupation (Required)<br>_____  | Aggregate<br>year-to-date  | \$ _____                              |
| <b>D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>            |  |                                       |
| Other (please specify) _____  |  |                                       |
| Full name<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Mailing Address<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| City, State, Zip Code<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Name of Employer (Required)<br>_____  | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                              |
| Occupation (Required)<br>_____  | Aggregate<br>year-to-date  | \$ _____                              |

Name of Candidate or Committee Devante Johnson  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

|  |                           |  |
|--|---------------------------|--|
| A. Full name<br><u>Sign Depot</u>                        | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | _ / _ / _                 | \$ <u>400.00</u>                           |
| City, State, Zip Code<br><u>Orlando, Florida</u>         | _ / _ / _                 | \$   |
| Purpose of Disbursement (Optional)<br><u>Signs</u>       | Aggregate<br>Year-to-date | \$   |
| B. Full name<br><u>Enter Enterprise Rental</u>           | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | <u>7/12/15</u>            | \$ <u>800.00</u>                           |
| City, State, Zip Code<br><u>McCombs MS</u>               | _ / _ / _                 | \$   |
| Purpose of Disbursement (Optional)<br><u>Vans Rental</u> | Aggregate<br>Year-to-date | \$   |
| C. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | _ / _ / _                 | \$   |
| City, State, Zip Code                                    | _ / _ / _                 | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| D. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | _ / _ / _                 | \$   |
| City, State, Zip Code                                    | _ / _ / _                 | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| E. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | _ / _ / _                 | \$   |
| City, State, Zip Code                                    | _ / _ / _                 | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| F. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | _ / _ / _                 | \$   |
| City, State, Zip Code                                    | _ / _ / _                 | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |