



Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
House of Representatives District 29
2016 Special Election



Name of Candidate Darryl Johnson Sr
Address 404 Holt St County 0119
Telephone (Work) 662-741-3073 (Home) 662-641-2022 (Fax) 877-772-4118
Contact Name Darryl Johnson Email Address moundbayou@gmail.com
Office Sought District 29 State Rep Political Party Independent

Check here if above is different from previous report

TYPE OF REPORT

- May 31, 2016 Pre-Election Report** (January 1, 2016, through May 28, 2016)..... **Mandatory**
- June 21, 2016 Pre-Runoff Report** (May 29, 2016, through June 18, 2016)..... **Runoff Candidates Only**
All Candidates and Political Committees in a Runoff Election
- January 31, 2017 Annual Report** (January 1, 2016, through December 31, 2016)..... **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

- 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.
- 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).
- 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 \$ | 2500 | 0 | 0 | 2500.00 |
| Total amount of disbursements \$ | 2500 | 0 | 0 | 2500.00 |
| Total amount of cash on hand | | | 0 | |

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

Date

5/31/16

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. §§ 23-16-911 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 39206 or fax to 601-576-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk. 3. Municipal candidates return forms to the Municipal Clerk.

Name of Candidate or Committee Daniel Johnson
 Reporting period 1/1/16 through 5/31/16

ITEMIZED DISBURSEMENTS

| | | |
|--|---|---|
| A. Full name <u>Professors</u> | Date (Mo., Day, Year) <u>8/2/16</u> | Amount of each disbursement this period <u>\$ 2500.00</u> |
| Mailing Address <u>116 S. Edward Ave</u> | | |
| City, State, Zip Code <u>MOBILE ALA 38702</u> | | |
| Purpose of Disbursement (Optional) <u>Electrical Operations</u> | Aggregate Year-to-date | \$ <u>2500.00</u> |
| 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 | \$ |

Name of Candidate or Committee Darryl R. Johnson Sr.

Reporting period 05/01/2016 through 05/31/2016

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>Darryl R. Johnson Sr</u> | <u>5 / 02 / 16</u> | \$ <u>2500.00</u> |
| Mailing Address <u>404 Holt St</u> | ____ / ____ / ____ | \$ _____ |
| City, State, Zip Code <u>Mound Bayou, MS 38762</u> | ____ / ____ / ____ | \$ _____ |
| Name of Employer (Required) <u>City of Mound Bayou</u> | ____ / ____ / ____ | \$ _____ |
| Occupation (Required) <u>Mayor</u> | Aggregate year-to-date | \$ <u>2500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | |
| Other (please specify) _____ | | |
| Full name _____ | ____ / ____ / ____ | \$ _____ |
| Mailing Address _____ | ____ / ____ / ____ | \$ _____ |
| City, State, Zip Code _____ | ____ / ____ / ____ | \$ _____ |
| Name of Employer (Required) _____ | ____ / ____ / ____ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | |
| Other (please specify) _____ | | |
| 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) _____ | | |
| Full name _____ | ____ / ____ / ____ | \$ _____ |
| Mailing Address _____ | ____ / ____ / ____ | \$ _____ |
| City, State, Zip Code _____ | ____ / ____ / ____ | \$ _____ |
| Name of Employer (Required) _____ | ____ / ____ / ____ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |