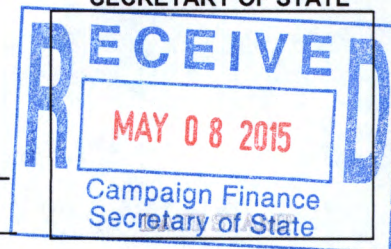


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate TIM JOHNSON
 Address P O BOX 1456 MADISON MS 39130 County MADISON
 Telephone (Work) 601-955-6672 (Home) 601-955-6672 (Fax) N/A
 Contact Name LINDA MEELER Email Address lgmeeler@gmail.com
 Office Sought LIEUTENANT GOVERNOR Political Party DEMOCRATIC

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) *All Candidates and Political Committees*
(Independent Candidates report January 1, 2015 through October 24, 2015)
- 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, 2016 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 \$	40,550.00	+	975.00	\$ 41,525.00	\$ 41,525.00
Total amount of disbursements \$	13,042.73	+	930.96	\$ 13,973.69	\$ 13,973.69
Total amount of cash on hand				\$ 27,551.31	

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

Tim Johnson
Signature of Candidate

5/8/2015
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

Name of Candidate or Committee TIM JOHNSONReporting period JANUARY 1 2015 through April 30, 15**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Crawley Law Offices, PLLC</u>	<u>2 / 27 / 15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P O Drawer 947</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Louisville MS 39339</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Braddock Law Firm</u>	<u>2 / 27 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>201 Hardy St., Ste B</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Hattiesburg MS 39401</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>AttY</u>	Aggregate year-to-date	\$ <u> </u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KR Culpepper Enterprises</u>	<u>4 / 13 / 15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 111</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Lake Village, AR 71653</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</u>
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) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George Edmonds</u>	<u>4 / 17 / 15</u>	\$ <u>1,000.00</u>
Mailing Address <u>225 Natchez Trace Rd.</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Mathiston MS 39752</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Unknown</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee TIM JOHNSONReporting period JANUARY 1 2015 through April 30, 2015**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tim Johnson</u>	<u>4 / 24 / 15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P.O. Box 1456</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison MS 39130</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>sales, self (candidate)</u>	Aggregate year-to-date	\$ <u>25,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>M. Sohaid</u>	<u>4 / 24 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>114 Novara Tr</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ridgeland Diagnostic Center</u>	<u>4 / 24 / 15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 2588</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison MS 39139</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott Medical Imaging LLC</u>	<u>4 / 24 / 15</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 14093</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39236</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>N/A</u>	□ / □ / □	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee TIM JOHNSONReporting period JANUARY 1 2015 through April 30, 2015**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DKHA Properties LLC</u>	<u>4/24/15</u>	\$ <u>300.00</u>
Mailing Address <u>4330 N. State St.</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39206</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. and Mrs A. Bahro</u>	<u>4/24/15</u>	\$ <u>500.00</u>
Mailing Address <u>31 Eastbrooke Circle</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Madison MS 39110</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Jones</u>	<u>4/14/15</u>	\$ <u>500.00</u>
Mailing Address <u>700 13th St. NW Suite 200</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Washington DC 20005</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Capital Counsel</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gloria Williamson</u>	<u>3/12/15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. Box 588</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia MS 39350</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>Self / unknown</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Former State Senator</u>	Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee TIM JOHNSONReporting period JANUARY 1 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Bouchard Strategies</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>113 S. St. Asaph St</u>		<u>3/20/15</u>	\$ <u>3500.00</u>
City, State, Zip Code <u>Alexandria VA 22314</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>3500.00</u>
B. Full name <u>Lindsey White</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>4248 Forest Park Drive</u>		<u>3/31/15</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Jackson MS 39211</u>		<u>4/27/15</u>	\$ <u>2500.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>3500.00</u>
C. Full name <u>Jared Turner</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>3/31/15</u>	\$ <u>2000.00</u>
City, State, Zip Code <u>Jackson MS</u>		<u>4/27/15</u>	\$ <u>2000.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>4,000.00</u>
D. Full name <u>Linda Meeler</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P O Box 5264</u>		<u>3/31/15</u>	\$ <u>650.00</u>
City, State, Zip Code <u>Brandon MS</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>650.00</u>
E. Full name <u>Chism Strategies</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2906 N State St.</u>		<u>4/27/15</u>	\$ <u>900.00</u>
City, State, Zip Code <u>Jackson MS 39216</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>900.00</u>
F. Full name <u>A2Z Printing</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5408 N. State St.</u>		<u>3/30/15</u>	\$ <u>249.48</u>
City, State, Zip Code <u>JACKSON MS 39206</u>		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>249.48</u>

Name of Candidate or Committee TIM JOHNSON
 Reporting period JANUARY 1 2015 through APRIL 30 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Kroger Gas</u>	Date (Mo., Day, Year) <u>3/16/15</u>	Amount of each disbursement this period \$ <u>52.00</u>
Mailing Address <u>Hoy Road</u>	<u>3/16/15</u>	\$ <u>52.00</u>
City, State, Zip Code <u>Madison MS</u>	<u>4/14/15</u>	\$ <u>54.50</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
B. Full name <u>Kroger Gas - Cont'd</u>	Date (Mo., Day, Year) <u>4/17/15</u>	Amount of each disbursement this period \$ <u>25.00</u>
Mailing Address	<u>4/17/15</u>	\$ <u>25.00</u>
City, State, Zip Code	<u>4/23/15</u>	\$ <u>54.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
C. Full name <u>Kroger Gas Cont'd</u>	Date (Mo., Day, Year) <u>4/29/15</u>	Amount of each disbursement this period \$ <u>57.75</u>
Mailing Address	<u>4/29/15</u>	\$ <u>57.75</u>
City, State, Zip Code	<u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>243.25</u>
D. Full name	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$ <u> </u>
Mailing Address	<u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
E. Full name	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$ <u> </u>
Mailing Address	<u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
F. Full name	Date (Mo., Day, Year) <u> </u>	Amount of each disbursement this period \$ <u> </u>
Mailing Address	<u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>