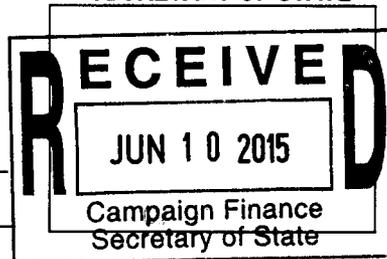


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



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 \$	66,550.00	+	\$ 100.00	\$ 66,650.00	\$ 108,175.00
Total amount of disbursements \$	8235.95	+	\$ 942.57	\$ 9178.52	\$ 23,152.21
Total amount of cash on hand			\$ 85,022.79		

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

6-9-2015

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 JOHNSON

Reporting period MAY 1 2015 through MAY 31 2015

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>T. YOUSIF</u>	<u>5 / 22 / 15</u>	\$ <u>250.00</u>
Mailing Address <u>161 Saint Ives Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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. Saleh</u>	<u>5 / 22 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>126 Bellingham Dr.</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 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>MR AND MRS. M. A. KHAN</u>	□ / □ / □	\$ <u>300.00</u>
Mailing Address <u>208 Autumn Brook Court</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</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>M. ARAIN</u>	□ / □ / □	\$ <u>250.00</u>
Mailing Address <u>540 Twin Cedars Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee TIM JOHNSON

Reporting period MAY 1 2015 through MAY 31 2015

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Farhan Nafis</u>	<u>5/22/15</u>	\$ <u>250.00</u>
Mailing Address <u>401 William Glen Court</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison MS 39110</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. 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>5/16/15</u>	\$ <u>65,000.00</u>
Mailing Address <u>P.O. Box 1456</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MADISON MS 39130</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>90,000.00</u>
C. Source <input 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 _____	□ / □ / □	\$ _____
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) _____	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	\$ _____

Name of Candidate or Committee JIM JOHNSON
 Reporting period MAY 1, 2015 through MAY 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Kroger (Fuel)</u>	Date (Mo., Day, Year) <u>5/7/15</u>	Amount of each disbursement this period \$ <u>62.00</u>
Mailing Address <u>Hoy Road</u>	<u>5/7/15</u>	\$ <u>62.00</u>
City, State, Zip Code <u>Madison, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Fuel</u>	Aggregate Year-to-date	\$ <u>309.25</u>
B. Full name <u>SignRocket.com</u>	Date (Mo., Day, Year) <u>5/19/15</u>	Amount of each disbursement this period \$ <u>872.50</u>
Mailing Address <u>online</u>	<u>5/19/15</u>	\$ <u>872.50</u>
City, State, Zip Code <u>www.SignRocket.com</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Signs</u>	Aggregate Year-to-date	\$ <u>872.50</u>
C. Full name <u>Office Depot</u>	Date (Mo., Day, Year) <u>5/27/15</u>	Amount of each disbursement this period \$ <u>385.45</u>
Mailing Address <u>1-55 North</u>	<u>5/27/15</u>	\$ <u>385.45</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>supplies</u>	Aggregate Year-to-date	\$ <u>385.45</u>
D. Full name <u>Linda Meeler</u>	Date (Mo., Day, Year) <u>5/7/15</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 5264</u>	<u>5/7/15</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Brandon MS 39047</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>labor</u>	Aggregate Year-to-date	\$ <u>1,650.00</u>
E. Full name <u>Discount Office Furniture</u>	Date (Mo., Day, Year) <u>5/13/15</u>	Amount of each disbursement this period \$ <u>2,916.00</u>
Mailing Address <u>S. State Street</u>	<u>5/13/15</u>	\$ <u>2,916.00</u>
City, State, Zip Code <u>Jackson MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>furniture</u>	Aggregate Year-to-date	\$ <u>2,916.00</u>
F. Full name <u>Lindsey White</u>	Date (Mo., Day, Year) <u>5/20/15</u>	Amount of each disbursement this period \$ <u>3000.00</u>
Mailing Address <u>4248 Forest Park Dr.</u>	<u>5/20/15</u>	\$ <u>3000.00</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Labor</u>	Aggregate Year-to-date	\$ <u>6500.00</u>