2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 30 2015
Campaign Finance
Secretary of State

Candidate

# REPORT OF RECEIPTS AND DISBURSEMENTS
## 2014 Annual Report

Name of Candidate Sanford Johnson

Address P.O. Box 1095, Clarksdale, MS 38614 County Coahoma

Telephone 662.985.7123 Fax

Office Sought State Representative (Dist. 26) Email Address sanfordj21@gmail.com

☒ Check here if above is different from previous report

X January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....Mandatory
*All Candidates and Political Committees that received funds or made expenditures in Mississippi during the year 2014. Excludes Judicial Candidates.*

____ 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 receiving authority 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 | $12,320 | +$ 5,206 | $17,649.39 | $17,649.39 |
| Total amount of disbursements | $ 0 | +$514.39 | $ 514.39 | $ 514.39 |
| Total amount of cash on hand | | | $ 17,135 | |

*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 1/30/15

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: Sanford Johnson

Reporting period _____ through _____

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Freddie Sanford | 11 / 4 / 14 | $ 300 |
| Mailing Address: 1793 Terramin Hills Drive | / / | $ |
| City, State, Zip Code: Mitchellville, MD 20121 | / / | $ |
| Name of Employer (Required): Price George County Schools | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $ 300 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: W.C. Johnson | 11 / 4 / 14 | $ 1,000 |
| Mailing Address: 1179 Bobwhite Drive | / / | $ |
| City, State, Zip Code: Starkville, MS 39759 | / / | $ |
| Name of Employer (Required): Mississippi State University | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $ 1,000 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Virgina Abrams | 11 / 22 / 14 | $ 1,000 |
| Mailing Address: 3 Foxfield Cove | / / | $ |
| City, State, Zip Code: Little Rock, AR 72202 | / / | $ |
| Name of Employer (Required): Pulaski County School | / / | $ |
| Occupation (Required): Counselor | Aggregate year-to-date | $ 1,000 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Marilyn Lynn | 11 / 24 / 14 | $ 250 |
| Mailing Address: 504 Curtis Street | / / | $ |
| City, State, Zip Code: Indianola, MS 38751 | / / | $ |
| Name of Employer (Required): Indianola Public School District | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $ 250 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Stanley Thompson | 11 / 27 / 14 | $ 1,000 |
| Mailing Address: 9941 South Houston Way | / / | $ |
| City, State, Zip Code: Germantown, TN 38139 | / / | $ |
| Name of Employer (Required): Baptist Hospital | / / | $ |
| Occupation (Required): Director of ER | Aggregate year-to-date | $ 1,000 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: XL Reed | 11 / 27 / 14 | $ 250 |
| Mailing Address: 950 E. 80th Street #104 | / / | $ |
| City, State, Zip Code: Chicago, IL 60619 | / / | $ |
| Name of Employer (Required): Chicago Transit Authority | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $ 250 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Hannah Vogler | 11 / 28 / 14 | $ 250 |
| Mailing Address: 1024 Norht Arthur Street | / / | $ |
| City, State, Zip Code: Little Rock, AR 72207 | / / | $ |
| Name of Employer (Required): Hannah Vogler Consulting | / / | $ |
| Occupation (Required): Self-Employed | Aggregate year-to-date | $ 250 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Carl Johnson | 11 / 30 / 14 | $ 500 |
| Mailing Address: 304 Stan Frey Drive | / / | $ |
| City, State, Zip Code: Upper Marlboro, MD 20774 | / / | $ |
| Name of Employer (Required): Amtrack | / / | $ |
| Occupation (Required): Physician | Aggregate year-to-date | $ 500 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Bernard Johnson | 11 / 30 / 14 | $ 500 |
| Mailing Address: 2575 Billy Fields Road | / / | $ |
| City, State, Zip Code: Edwards, MS 39066 | / / | $ |
| Name of Employer (Required): Alcorn State University | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $ 500 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Erika Berry | 11 / 30 / 14 | $ 250 |
| Mailing Address: 4018 Redwing Avenue | / / | $ |
| City, State, Zip Code: Jackson, MS 39216 | / / | $ |
| Name of Employer (Required): MS Charter School Association | / / | $ |
| Occupation (Required): Executive Director | Aggregate year-to-date | $ 250 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Jessica Stewart | 12 / 1 / 14 | $ 250 |
| Mailing Address: 3830 Maybelle Avenue, Apartment 1 | / / | $ |
| City, State, Zip Code: Oakland, CA 946y19 | / / | $ |
| Name of Employer (Required): Great Oakland Public Schools | / / | $ |
| Occupation (Required): Organizer | Aggregate year-to-date | $ 250 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Meghan Tooke | 12 / 1 / 14 | $ 250 |
| Mailing Address: 1543 Holly Street | / / | $ |
| City, State, Zip Code: Clarksdale, MS 38614 | / / | $ |
| Name of Employer (Required): Tallahatchie Early Learning Academy | / / | $ |
| Occupation (Required): Executive Director | Aggregate year-to-date | $ 250 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Sanford Johnson | 12 / 1 / 14 | $ 1,000 |
| Mailing Address: 643 West Second Street | / / | $ |
| City, State, Zip Code: Clarksdale, MS 38614 | / / | $ |
| Name of Employer (Required): Mississippi First | / / | $ |
| Occupation (Required): Deputy Director | Aggregate year-to-date | $ 1,000 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Grace Williams | 12 / 4 / 14 | $ 500 |
| Mailing Address: 134 Alexander Street | / / | $ |
| City, State, Zip Code: Memphis, TN 38111 | / / | $ |
| Name of Employer (Required): KIPP Memphis | / / | $ |
| Occupation (Required): Elementary/Middle School Principal | Aggregate year-to-date | $ 500 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Courtney Bru | 12 / 8 / 14 | $ 500 |
| Mailing Address: 2123 South St. Louis Avenue | / / | $ |
| City, State, Zip Code: Tulsa, OK 74114 | / / | $ |
| Name of Employer (Required): DSDA | / / | $ |
| Occupation (Required): Attorney | Aggregate year-to-date | $ 500 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Will Bardwell | 12 / 8 / 14 | $ 250 |
| Mailing Address: 1205 Rosehill Circle | / / | $ |
| City, State, Zip Code: Jackson, MS 39202 | / / | $ |
| Name of Employer (Required): McCraney, Montagne and Quin, LLC | / / | $ |
| Occupation (Required): Attorney | Aggregate year-to-date | $ 250 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Abbey Tootle | 12 / 10 / 14 | $ 250 |
| Mailing Address: 810 Copper Lake | / / | $ |
| City, State, Zip Code: Cedar Park, TX 78613 | / / | $ |
| Name of Employer (Required): Sundaram Design | / / | $ |
| Occupation (Required): CO-Owner | Aggregate year-to-date | $ 250 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Jasmine Crockett | 12 / 12 / 14 | $ 250 |
| Mailing Address: 122 East Broad Street, Suite 206 | / / | $ |
| City, State, Zip Code: Texarkana, AR 71854 | / / | $ |
| Name of Employer (Required): The Crockett Firm | / / | $ |
| Occupation (Required): Attorney | Aggregate year-to-date | $ 250 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Ahsaki Baptist | 12 / 14 / 14 | $ 250 |
| Mailing Address: 356 Fountain Lake Drive | / / | $ |
| City, State, Zip Code: Memphis, TN 38130 | / / | $ |
| Name of Employer (Required): The Wyatt Firm | / / | $ |
| Occupation (Required): Attorney | Aggregate year-to-date | $ 250 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Keisha Oliver | 12 / 17 / 14 | $ 250 |
| Mailing Address: 1096 Oak Heights Lane | / / | $ |
| City, State, Zip Code: Collierville, TN 38017 | / / | $ |
| Name of Employer (Required): Harrah's Casino | / / | $ |
| Occupation (Required): Public Relations | Aggregate year-to-date | $ 250 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Annette Lombardi | 12 / 21 / 14 | $ 250 |
| Mailing Address: 2027 Deerwood Avenue | / / | $ |
| City, State, Zip Code: Murfreesboro, TN 37130 | / / | $ |
| Name of Employer (Required): Murfreesboro Public Schools | / / | $ |
| Occupation (Required): Elementary School Teacher | Aggregate year-to-date | $ 250 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Louis Sanford | 12 / 22 / 14 | $ 250 |
| Mailing Address: 7318 South Wood Street | / / | $ |
| City, State, Zip Code: Chicago, IL 60636 | / / | $ |
| Name of Employer (Required): Chicago Transit Authority | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $ 250 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Michael Cormack | 12 / 23 / 14 | $ 500 |
| Mailing Address: 1994 West Wellsgate Drive | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): Barksdale Reading Institute | / / | $ |
| Occupation (Required): CEO | Aggregate year-to-date | $ 500 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Anja Thiessen | 12 / 26 / 14 | $ 260 |
| Mailing Address: 130 Crestline Drive, #1502 | / / | $ |
| City, State, Zip Code: Clarksdale, MS 38614 | / / | $ |
| Name of Employer (Required): Spring Initiative | / / | $ |
| Occupation (Required): Executive Director | Aggregate year-to-date | $ 260 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Teresa Thomas | 12 / 27 / 14 | $ 260 |
| Mailing Address: 200 Seay Road | / / | $ |
| City, State, Zip Code: Fayetteville, GA 30215 | / / | $ |
| Name of Employer (Required): Homemaker | / / | $ |
| Occupation (Required): Homemaker | Aggregate year-to-date | $ 260 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Kevin Sanford | 12 / 28 / 14 | $ 500 |
| Mailing Address: 10090 Double Tree Road | / / | $ |
| City, State, Zip Code: Knoxville, TN 37932 | / / | $ |
| Name of Employer (Required): TVA | / / | $ |
| Occupation (Required): Engineer | Aggregate year-to-date | $ 500 |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Ruth Crowell Wild | 12 / 29 / 14 | $ 500 |
| Mailing Address: 94 Adagio Place, 3 Laban way | / / | $ |
| City, State, Zip Code: London, se8 3fj, England | / / | $ |
| Name of Employer (Required): London Boullion Market Association | / / | $ |
| Occupation (Required): Chief Executive | Aggregate year-to-date | $ 500 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Celia Johnson | 12 / 26 / 14 | $ 250 |
| Mailing Address: 6104 Erika PLace | / / | $ |
| City, State, Zip Code: Glenn Dale, MD 20769 | / / | $ |
| Name of Employer (Required): Department of Defense | / / | $ |
| Occupation (Required): Staff | Aggregate year-to-date | $ 250 |

Name of Candidate or Committee: Sanford Johnson

Reporting period: January 1, 2014 through December 31, 2014

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Lydia Johnson | 12 / 31 / 14 | $ 500 |
| Mailing Address: 2000 Parkside Drive | / / | $ |
| City, State, Zip Code: Bowie, MD 20721-4233 | / / | $ |
| Name of Employer (Required): Montgomery County School Distrct | / / | $ |
| Occupation (Required): Teacher | Aggregate year-to-date | $ 500 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ 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 | $ |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ 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 | $ |