RECEIVED
OFFICE USE ONLY
JAN 30 2009
Campaign Finance
Secretary of State

2008 ELECTION CYCLE
CPR – SS 08-01(b)

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Johnny Stringer

Address 167 CR 2349 Louin, MS 39338 County Jasper

Telephone (Work) 601-359-3340 (Home) 601-739-3663 (Fax)

Contact Name Email Address

Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___	October 28, 2008	Pre-Election Report (January 1, 2008, through October 25, 2008)	Mandatory
___	November 18, 2008	Pre-Runoff Report (October 26, 2008, through November 15, 2008)	Runoff Candidates
X	January 31, 2009	Annual Report (January 1, 2008, through December 31, 2008)	Mandatory
___		Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)	Required to terminate reporting obligations

IMPORTANT

(1) Periodic 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 appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions $	15,350.00 + $ 200.00	$ 15,550.00	$ 15,550.00
Total amount of disbursements $	4815.22 + $ 1363.29	$ 6178.51	$ 6178.51
Total amount of cash on hand		$ 79,352.00	

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) (Date) 1-31-09

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 Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Johnny Stringer

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: Cheuron Corp	9 / 26 / 08	$ 500.00
Mailing Address: PO Box 9034	/ /	$
City, State, Zip Code: Concord, CA 94528	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Lab	10 / 13 / 08	$ 500.00
Mailing Address: 100 Abbott Park Rd	/ /	$
City, State, Zip Code: Abbott Park, IL 60064-6028	/ /	$
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: MS Dental PAC	10 / 13 / 08	$ 1000.00
Mailing Address: 2630 Ridgewood Road	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
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: Wal-PAC	10 / 27 / 08	$ 250.00
Mailing Address: 702 SW 8th St.	/ /	$
City, State, Zip Code: Bentonville, AR 72716-0150	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

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 Anheuser-Busch Co.	11/1/08	$ 1,000.00
Mailing Address One Busch Place	/ /	$
City, State, Zip Code St. Louis, MO 63118-1852	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entertainment Software Assoc.	11/1/08	$ 500.00
Mailing Address 575 7th St. NW Suite 300	/ /	$
City, State, Zip Code Washington, DC 20004	/ /	$
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 Pfizer Inc.	11/1/08	$ 500.00
Mailing Address 612 Main St. Suite 2023	/ /	$
City, State, Zip Code Franklin, TN 37064	/ /	$
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 Commonwealth Bank, Inc.	11/9/08	$ 1000.00
Mailing Address P.O. Box 5159	/ /	$
City, State, Zip Code Bowling Green, Ky 42102	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Page 3 of 3

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 [illegible]	[illegible]	$ 500.00
Mailing Address [illegible]	__/__/__	$
City, State, Zip Code [illegible]	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name [illegible]	[illegible]	$ 300.00
Mailing Address 601 Penn. Ave. N.W. Ste. 500	__/__/__	$
City, State, Zip Code [illegible]	__/__/__	$
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 Advance America	[illegible]	$ 1,000.00
Mailing Address 135 N Church St	__/__/__	$
City, State, Zip Code Spartanburg, [illegible]	__/__/__	$
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 [illegible]	[illegible]	$ 500.00
Mailing Address [illegible]	__/__/__	$
City, State, Zip Code [illegible]	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Page _____ of 4

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 [illegible]	12/12/08	$ 1,000.00
Mailing Address 2004 N 16th St Ap-2810	__/__/__	$
City, State, Zip Code Philadelphia PA 19122	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name [illegible]	11/12/08	$ 1,000.00 ?
Mailing Address [illegible]	__/__/__	$
City, State, Zip Code [illegible] Texas [illegible]	__/__/__	$
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 [illegible]	11/23/08	$ [illegible]
Mailing Address [illegible] 1143	__/__/__	$?
City, State, Zip Code Houston, Texas 77251-1143	__/__/__	$
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 [illegible]	12/12/08	$ 500.00 ?
Mailing Address 416 Lily Creek Resort Dr	__/__/__	$
City, State, Zip Code [illegible]	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Page _____ of 5

Name of Candidate or Committee Johnny Stringer

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 [illegible]	[illegible]	$ 500.00
Mailing Address [illegible]	__/__/__	$
City, State, Zip Code [illegible]	__/__/__	$?
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name [illegible]	[illegible]	$ [illegible]
Mailing Address [illegible]	__/__/__	$?
City, State, Zip Code [illegible]	__/__/__	$
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 Joe McGee Construction	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Lucedale, MS	__/__/__	$
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 Kines & Pine Construction	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Pascagoula, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Page _____ of 6

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 [illegible]	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Ripley, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Warren Paving	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Hattiesburg, MS	__/__/__	$
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 [illegible] Construction	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code [illegible] MS	__/__/__	$
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 Sunbelt Seeding	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Page _____ of 7

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 [illegible]	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Jackson, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Purdy & Germany	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Jackson, MS	__/__/__	$
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 Howard Frame	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Kosciusko, MS	__/__/__	$
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 Eutaw Construction	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Aberdeen	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Page _____ of 8

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 NS [illegible]	12/31/08	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code Jackson	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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	$

Name of Candidate or Committee Johnny Stringer

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/3/12	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
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 Bill Miles	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/30/12	$ 1850.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1850.00
D. Full name Bill Miles	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6/12/12	$ 750.00
City, State, Zip Code	8/4/08	$ 400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3000.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/5/08	$ 315.32
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	$