2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 20 2010
Secretary of State
Capitol Office

Candidate's Name Johnny Stringer

Full Address 167 CR 2349 Louin, MS 39338

Telephone 601-739-3663 (Fax)

E-mail

Office Sought Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ 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 municipal clerk 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	34,800 + 3,450	$ 38,300.00	$ 38,300.00
Total amount of disbursements	4757.25 + 3711.27	$ 8468.52	$ 8468.52
Total amount of cash on hand		$ 109,213.48	

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 1-29-10

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 601-359-1499 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 Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bill Miles	3/10/09	$ 1,000.00
Mailing Address		
City, State, Zip Code: Fulton, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
V-PAC	4/22/09	$ 2,000.00
Mailing Address		
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
V-PAC	8/7/09	$ 500.00
Mailing Address		
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mid-South Fine Printers	12/23/09	$ 1257.25
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 Johnny Stringer

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Keefe Commissary Network, LLC	3/3/09	$ 500.00
Mailing Address: 10880 Linpage Place	/ /	$
City, State, Zip Code: St. Louis, MO 63132	/ /	$
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: Charles Holder	4/22/09	$ 2500.00
Mailing Address: PO Box 349	/ /	$
City, State, Zip Code: Ray Springs, MS 39422	/ /	$
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	7/5/09	$ 1,000.00
Mailing Address: 135 N. Church St.	/ /	$
City, State, Zip Code: Spartanburg, SC 29306	/ /	$
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: Anheuser Busch	7/12/09	$ 1,000.00
Mailing Address: 1 Busch Place	/ /	$
City, State, Zip Code: St. Louis, Missouri 63118-1852	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period January 1, 2009 through Dec. 31, 2009

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.	10/2/09	$ 500.00
Mailing Address: P O Box 9034	__/__/__	$
City, State, Zip Code: Concord, CA 94524	__/__/__	$
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	11/2/09	$ 350.00
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: Merck & Co., Inc	11/2/09	$ 500.00
Mailing Address: 351 N. Sumneytown Pike PO Box 1000	__/__/__	$
City, State, Zip Code: North Wales, PA 19454-2505	__/__/__	$
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: Norfolk Southern Corp.	11/14/09	$ 250.00
Mailing Address: Three Commercial Place	__/__/__	$
City, State, Zip Code: Norfolk, Va. 23510-2191	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Senior Care Centers of MS	11/23/09	$ 500.00
Mailing Address: P.O. Box 774	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
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: Johnny Morgan	11/23/09	$ 1,000.00
Mailing Address: P.O. Box 309	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
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 Hospital Association	11/24/09	$ 500.00
Mailing Address: P.O. Box 16444	/ /	$
City, State, Zip Code: Jackson, MS 39236-6444	/ /	$
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: MS Concrete Ind.	11/24/09	$ 500.00
Mailing Address: 6700 Old Canton Rd	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Manufactures Associatin	11/24/09	$ 250.00
Mailing Address 720 N. President St.	/ /	$
City, State, Zip Code Jackson, MS 39202	/ /	$
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 Buf Kin + Mabry, LLC	11/24/09	$ 250.00
Mailing Address 850 Eatonville Rd.	/ /	$
City, State, Zip Code Hattiesburg, MS 39401-9634	/ /	$
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 Lawrence W. Warren	11/24/09	$ 1,000.00
Mailing Address P.O. Box 572	11/24/09	$ 500.00
City, State, Zip Code Hattiesburg, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name TL Wallace Const., Inc	11/24/09	$ 1000.00
Mailing Address P.O. Box 523	/ /	$
City, State, Zip Code Columbia, MS 39429	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Johnny Stringer

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad Co.	11/24/09	$ 250.00
Mailing Address: P O Box 5025	/ /	$
City, State, Zip Code: Troy, Michigan 48007-5025	/ /	$
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: MS Bankers Association	11/24/09	$ 1000.00
Mailing Address: P O Box 37	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: EN PAC	11/24/09	$ 250.00
Mailing Address: P O Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215-1640	/ /	$
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: MS Dental PAC	11/24/09	$ 1000.00
Mailing Address: 2630 Ridgewood Rd. Ste. C	/ /	$
City, State, Zip Code: Jackson, MS 39216-4920	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kay Atwood Van-Skiver	11/24/09	$ 500.00
Mailing Address P O Box 5765	/ /	$
City, State, Zip Code Kosciusko, MS 39090	/ /	$
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 Electric Power Asso.	11/24/09	$ 500.00
Mailing Address P O Box 3300	/ /	$
City, State, Zip Code Ridgeland, MS 39158	/ /	$
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 William Stone, Special	11/24/09	$ 1000.00
Mailing Address P O Box 550	/ /	$
City, State, Zip Code Booneville, MS 38829	/ /	$
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 One Comcast Center	11/24/09	$ 500.00
Mailing Address 1701 John F. Kennedy Boulevard	/ /	$
City, State, Zip Code Philadelphia, PA 19103-2838	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: Johnny Stringer

Reporting period: Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clare Hester	11/24/09	$ 500.00
Mailing Address: 148 Oak Hurst Trail	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: General Electric	11/24/09	$ 1000.00
Mailing Address: PO Box 9544	/ /	$
City, State, Zip Code: Fort Myers, FL 33906-9544	/ /	$
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: MR BAPAC	11/24/09	$ 1,000.00
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: Simmons Erosion Control, Inc.	11/24/09	$ 1,000.00
Mailing Address: PO Box 206	/ /	$
City, State, Zip Code: Pelahatchie, MS 39092	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Advocacy Group, PAC	11/24/09	$ 1,000.00
Mailing Address: PO Box 217	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
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: MS Health Care Asso.	11/24/09	$ 1000.00
Mailing Address: 1076 Highland Colony Pkwy.	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
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: Baxter Healthcare Corp.	11/24/09	$ 500.00
Mailing Address: One Baxter Parkway	__/__/__	$
City, State, Zip Code: Deerfield, IL 60015	__/__/__	$
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: Dane & Sheila Boyington	11/24/09	$ 500.00
Mailing Address: 3407 Enclave Bay Drive	__/__/__	$
City, State, Zip Code: Chattanooga, TN 37415	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software	11/24/09	$ 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	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Learning Through Sports, Inc.	11/24/09	$ 1000.00
Mailing Address: 1 Mt. Laurel Cive. Ste. 210	/ /	$
City, State, Zip Code: Birmingham, AL 35242-1817	/ /	$
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: 3M General Offices	11/24/09	$ 250.00
Mailing Address: 3M Center Building	/ /	$ ~~250.00~~
City, State, Zip Code: St. Paul, Minn. 55144	/ /	$
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: Tim Ford	11/24/09	$ 500.00
Mailing Address: PO Box 22587	/ /	$
City, State, Zip Code: Jackson, MS 39225-2587	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brent Alexander	12/2/09	$ 500.00
Mailing Address: 1506 N State St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
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: Baker Donelson MS PAC	12/2/09	$ 500.00
Mailing Address: P O Box 14167	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
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: MAC PAC	12/2/09	$ 1,000.00
Mailing Address: 711 N. Pres. St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39205-0904	__/__/__	$
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: Dunn Roadbuilders	12/2/09	$ 500.00
Mailing Address: P O Box 6560	__/__/__	$
City, State, Zip Code: Laurel, MS 39441-6560	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T MS	12/4/09	$ 500.00
Mailing Address 175 E. Capitol St. Landmark Center, Rm 703	/ /	$
City, State, Zip Code Jackson, MS 39201	/ /	$
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 Valley	12/4/09	$ 500.00
Mailing Address PO Box 5454	/ /	$
City, State, Zip Code Jackson, MS 39288-5454	/ /	$
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 Altria Client Service, Inc.	12/4/09	$ 1,000.00
Mailing Address 6601 West Broad Street	/ /	$
City, State, Zip Code Richmond, VA 23230	/ /	$
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 Billy McCoy	12/8/09	$ 1,000.00
Mailing Address 259 CR 1021	/ /	$
City, State, Zip Code Rienzi, MS 38865-9360	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MNA PAC	12/16/09	$ 250.00
Mailing Address 31 Woodgreen Place	__/__/__	$
City, State, Zip Code Madison, MS 39110	__/__/__	$
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 David Cole	12/16/09	$ 300.00
Mailing Address 610 W Main St.	__/__/__	$
City, State, Zip Code Fulton, MS 38843-1024	__/__/__	$
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 Association For Home Care	__/__/__	$ 300.00
Mailing Address 134 Fairmont Ste. B	__/__/__	$
City, State, Zip Code Clinton, MS 39056	__/__/__	$
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 Enterprise Holdings, Inc.	12/22/09	$ 500.00
Mailing Address 600 Corporate Park Drive	__/__/__	$
City, State, Zip Code St. Louis, MO 63105	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Johnny Stringer

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glaxo Smithkline	12/22/09	$ 500.00
Mailing Address: Five Moore Drive	__/__/__	$
City, State, Zip Code: Research Triangle Park, NC 27709	__/__/__	$
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: Health Management Associates MS	12/22/09	$ 1,000.00
Mailing Address: 8550 Flowood DR Ste 402	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
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 Power Co	12/22/09	$ 400.00
Mailing Address: PO Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
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: BNSF Railway Co.	12/22/09	$ 250.00
Mailing Address: 2500 Low Menlo Drive AOB-3	__/__/__	$
City, State, Zip Code: Fort Worth, TX 76131	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$