

2016 ELECTION CYCLE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert H. Hagedorn SECRETARY OF STATE JAN 11 2016 ROGER A. GRAVES CIRCUIT CLERK

Name of Candidate Kelvin E. Butler Address 2018 Hawthorne Dr. County PIKE Telephone (Work) 601-359-9253 (Home) 601-680-4281 (Fax) 601-680-5693 Contact Name Kelvin E. Butler Email Address senatorbutlere@comcast.net Office Sought Chancery Clerk Political Party Democrat

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
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015) Mandatory
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
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

Table with 4 columns: Itemized, Non-Itemized, This Period, Calendar year-to-date. Rows include Total amount of contributions, Total amount of disbursements, and Total amount of cash on hand.

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 [Signature] Date 1-8-16

Authority: Refer to Miss. Code Ann. §23-16-801 (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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-16-811 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) 578-2545 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 Kelvin E. Butler
Reporting period 10-1-15 through 12-31-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Luke Lampton</u>		<u>10/15/15</u>	\$ <u>500.00</u>
Mailing Address <u>111 Magnolia St.</u>		<u>5/14/15</u>	\$ <u>500.00</u>
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Magnolia, MS 39652</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>MD</u>		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kelvin E. Butler</u>		<u>10/16/15</u>	\$ <u>10,000.00</u>
Mailing Address <u>2018 Hawthorne DR.</u>		<u>7/3/15</u>	\$ <u>500.00</u>
City, State, Zip Code _____		<u>8/15/15</u>	\$ <u>500.00</u>
Name of Employer (Required) <u>McComb, MS 39648</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>STATE OF MS</u>		Aggregate year-to-date	\$ <u>11,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Kelvin E. Butler
 Reporting period 10-1-15 through 12-31-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Election Impact Group</u>	<u>10/14/15</u>	\$ <u>500.00</u>
Mailing Address <u>18 31st St.</u>		
City, State, Zip Code <u>Gulfport, MS 39507</u>	<u>10/19/15</u>	\$ <u>8,700.00</u>
Purpose of Disbursement (Optional) <u>Newspaper/Facebook, Radio etc.</u>	Aggregate Year-to-date	\$ <u>15,052.98</u>
B. Full name <u>Ayanna Bloom Production</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2906 Colony Park Dr.</u>	<u>10/18/15</u>	\$ <u>150.00</u>
City, State, Zip Code <u>Pearl, MS 39208</u>	<u>10/22/15</u>	\$ <u>200.00</u>
Purpose of Disbursement (Optional) <u>Videos</u>	Aggregate Year-to-date	\$
C. Full name <u> </u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u> </u>	<u>10/27/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u> </u>	<u> </u>	\$
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>550.00</u>
D. Full name <u>Enterprise Journal Newspaper</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>112 Oliver Emmerich Dr.</u>	<u>10/26/15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>4/30/15</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional) <u>Ads</u>	Aggregate Year-to-date	\$
E. Full name <u> </u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u> </u>	<u>3/23/15</u>	\$ <u>400.00</u>
City, State, Zip Code <u> </u>	<u> </u>	\$
Purpose of Disbursement (Optional) <u> </u>	Aggregate Year-to-date	\$ <u>1,150.00</u>
F. Full name <u>Southwest Broadcasting</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>206 North Front St.</u>	<u>10/27/15</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u> </u>	\$
Purpose of Disbursement (Optional) <u>ADS</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>