

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2015 Election

**FILED**  
 PIKE COUNTY, MISS.  
 MAY 08 2015  
 ROBERTA GRAVES  
 CIRCUIT CLERK

Name of Candidate Kelvin E. Butler  
 Address 2018 Hawthorne Dr. County PIKE BY [Signature]  
 Telephone (Work) 601-359-9253 (Home) 601-680-4281 (Fax) 601-680-5673  
 Contact Name Kelvin E. Butler Email Address senatorbutler@cableone.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**  
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)  
 (Independent Candidates report January 1, 2015 through October 24, 2015) All Candidates and Political Committees
- 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 \$	2,750.00	+ \$ 3,545.65	\$ 6,295.65	\$ 6,295.65
Total amount of disbursements \$	5,508.06	\$ 3,222.01	\$ 8,730.07	\$ 8,730.07
Total amount of cash on hand			\$ 1,582.26	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]  
 Signature of Candidate

5-8-15  
 Date

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 Kelvin E. ButlerReporting period 1-1-15 through 4-30-15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Joshua Shoemaker</u>	<u>3/17/15</u>	\$ <u>500.00</u>
Mailing Address <u>106 Height DR.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>	<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	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Willie Bozeman</u>	<u>3/17/15</u>	\$ <u>250.00</u>
Mailing Address <u>2757 Moncure Marble Rd.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Terry, MS 39170</u>	<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	\$ <u>250.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>DENBURY</u>	<u>4/13/15</u>	\$ <u>300.00</u>
Mailing Address <u>5300 Legacy DR.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Plano, TX 75024</u>	<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	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Derrick Simmons</u>	<u>4/16/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 711</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Greenville, MS 38702</u>	<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	\$ <u>500.00</u>

Name of Candidate or Committee Kelvin E. Butler

Reporting period 1-1-15 through 4-30-15

# ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>Cellular Network Center</u>	<u>4/29/15</u>	\$ <u>500.00</u>
Mailing Address <u>1125 S. Gallatin St.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>DACO, LLC</u>	<u>3/26/15</u>	\$ <u>500.00</u>
Mailing Address <u>441 Northdale Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Columbus, MS 39705</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>Transfer from Senate to Chancery Clerk Act.</u>	<u>4/30/15</u>	\$ <u>1582.26</u>
Mailing Address <u>2018 Hawthorne Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1582.26</u>
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	\$ _____

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## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Fairfield INN + Suites	1/1/15	\$ 1,191.60
Mailing Address 5723 I-55	↓	
City, State, Zip Code Jackson, MS 39206	4/30/15	\$
Purpose of Disbursement (Optional) Lodging	Aggregate Year-to-date	\$ 1,191.60
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
C-SPIRE	1/1/15	\$ 515.94
Mailing Address 112 ANNA DR.	↓	
City, State, Zip Code McComb, MS 39649	4/30/15	\$
Purpose of Disbursement (Optional) Cell Bill	Aggregate Year-to-date	\$ 515.94
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ON-STAR	3/4/15	\$ 309.57
Mailing Address P.O. Box 77000		
City, State, Zip Code Detroit, MI 48277-0246	- / - / -	\$
Purpose of Disbursement (Optional) 1 yr. subscription	Aggregate Year-to-date	\$ 309.57
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise Journal	3/23/15	\$ 400.00
Mailing Address 112 Oliver Emmerich DR.		
City, State, Zip Code McComb, MS 39648	4/30/15	\$ 250.00
Purpose of Disbursement (Optional) Ads	Aggregate Year-to-date	\$ 650.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Election Impact Group	4/6/15	\$ 783.98
Mailing Address 18 31st St.		
City, State, Zip Code Gulf Port, MS 39507	4/24/15	\$ 300.00
Purpose of Disbursement (Optional) Advertising/Facebook/website	Aggregate Year-to-date	\$ 1083.98
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
DACO, LLC	3/26/15	\$ 941.84
Mailing Address 441 Northdale DR.		
City, State, Zip Code Columbus, MS 39705	- / - / -	\$
Purpose of Disbursement (Optional) yard SIGNS	Aggregate Year-to-date	\$ 941.84

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## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewart's SIGNS</u>		
Mailing Address	<u>4/24/15</u>	\$ <u>598.13</u>
<u>2109 Hwy 48 West</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>598.13</u>
<u>T-shirts</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>NH10A'S</u>		
Mailing Address	<u>4/28/15</u>	\$ <u>217.00</u>
<u>1840 Greenville Ave, Ste. 178</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>Richard, TX 75081-1898</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>217.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$