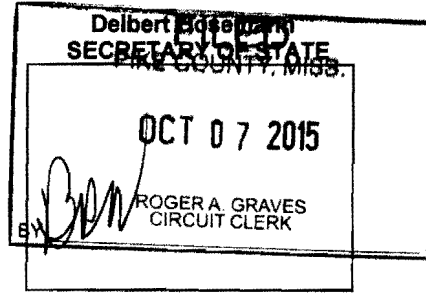


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election



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 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 \$	3200.00	+\$ 2922.52	\$ 6122.52	\$ 19,289.17
Total amount of disbursements \$	4816.25	+\$ 1578.65	\$ 6394.90	\$ 22,354.26
Total amount of cash on hand			\$ 1,672.72	

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

Kelvin E. Butler
 Signature of Candidate

10-7-15
 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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Kelvin E. ButlerReporting period 7-1-15 through 9-30-15

ITEMIZED RECEIPTS

A. 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>Kelvin E. Butler</u>	<u>7 13 15</u>	\$ <u>500.00</u>
Mailing Address <u>2018 Hawthorne DR.</u>	<u>8 16 15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>STATE OF MS</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>SENATOR</u>	Aggregate year-to-date	\$ _____
B. Source: <input 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>Barbara J. Butler</u>	<u>8 18 15</u>	\$ <u>500.00</u>
Mailing Address <u>2018 Hawthorne DR.</u>	<u>6 10 15</u>	\$ <u>221.00</u>
City, State, Zip Code <u>McComb, MS 39648</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) <u>NURSE</u>	Aggregate year-to-date	\$ <u>721.00</u>
C. Source: <input 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>Derrick Simmons</u>	<u>8 16 15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 711</u>	<u>8 27 15</u>	\$ <u>250.00</u>
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) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>750.00</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>SIMMONS + SIMMONS PLLC</u>	<u>8 27 15</u>	\$ <u>250.00</u>
Mailing Address <u>207 Main Street</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) <u>ATTORNEYS</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee KELVIN E. BUTLERReporting period 7-1-15 through 9-30-15

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>McComb Diesel, Inc.</u>	<u>9/17/15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 781</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McComb, MS 39649</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) <u>OWNER</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. 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 <u>Norman Gillis, Jr.</u>	<u>6/17/15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 1907</u>	<u>9/18/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>McComb, MS 39649</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) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>400.00</u>
C. 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 <u>Southwest Distributors, Inc.</u>	<u>9/16/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1148</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Summit, MS 39666</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) <u>OWNER</u>	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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kimberly Campbell</u>	<u>7/17/15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 16623</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39236</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) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Kelvin E. Butler
 Reporting period 7-1-15 through 9-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Destiny Butler</u>	<u>7/24/15</u>	\$ <u>200.00</u>
Mailing Address <u>2018 Hawthorne Dr.</u>	<u>7/31/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional) <u>Campaign office</u>	Aggregate Year-to-date	\$ <u>1200.00</u>
B. Full name <u>Election Impact Group</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>18 31st street</u>	<u>7/8/15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Gulfport, MS 39507</u>	<u>7/26/15</u>	\$ <u>2700.00</u>
Purpose of Disbursement (Optional) <u>CONSULTANT</u>	Aggregate Year-to-date	\$
C. Full name <u>Election Impact Group</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>11</u>	<u>8/26/15</u>	\$ <u>569.00</u>
City, State, Zip Code <u>11</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Newspaper, Facebook, Radio etc.</u>	Aggregate Year-to-date	\$ <u>5852.98</u>
D. Full name <u>C STORE (etc.)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>7/1/15</u>	\$
City, State, Zip Code <u>McComb, MS</u>	<u>9/30/15</u>	\$
Purpose of Disbursement (Optional) <u>FUEL S</u>	Aggregate Year-to-date	\$ <u>647.25</u>
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	\$