

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MS
JUN 04 2015
BY [Signature]
COURT CLERK

Name of Candidate James K. Cotton (Kenny Cotton)
Address 1005 Ed Ayers Rd Summit MS 601 276 9511 County Pike
Telephone (Work) 601 276 9511 (Home) 601 810 5461 (Fax) 601 276 9545
Contact Name Kenny Email Address KennyCotton19@gmail.com
Office Sought Sheriff 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 ReportMandatory
*(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 29, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2015 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 obligations) 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 \$	1000. ⁰⁰	+	1000. ⁰⁰	\$ 2000. ⁰⁰	\$ 5860. ⁰⁰
Total amount of disbursements \$	2322. ⁹⁹		320. ⁰⁰	\$ 2642. ⁹⁹	\$ 9302. ⁴⁶
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 4 June 2015

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 812 (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 James K. Cotton
 Reporting period May 1, 2015 through May 31, 2015

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>Carlynn Page</u>		<u>5/26/15</u>	\$ <u>1000.00</u>
Mailing Address <u>418 Pennsylvania St</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>McComb MS 39168</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
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> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. 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> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Kenny Cotton

Reporting period

~~May 12, 2015~~ through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Standard Business Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Internet Purchased	5/12/15	\$ 642.99
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 642.99
B. Full name	Tom Promotion	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Internet Purchased	5/12/15	\$ 642.00
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 642.00
C. Full name	Walmart Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Veterans Blvd	5/3/15	\$ 56.08
City, State, Zip Code	McComb MS	5/4/15	\$ 113.22
Purpose of Disbursement (Optional)	Bites for Meals	Aggregate Year-to-date	\$ 169.30
D. Full name	Boys n Girls Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5/1/15	\$ 300.00
City, State, Zip Code	McComb MS 39648		\$
Purpose of Disbursement (Optional)	Uniforms for Basketball Team	Aggregate Year-to-date	\$ 300.00
E. Full name	Stewart Signs / Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2149 Hwy 48 West McComb MS	5/16/15	\$ 702.99
City, State, Zip Code	Political Signs McComb MS		\$
Purpose of Disbursement (Optional)	Political Signs	Aggregate Year-to-date	\$ 702.99
F. Full name	Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Summit MS	5/18/15	\$ 29.40
City, State, Zip Code			\$
Purpose of Disbursement (Optional)	Postal Stamps	Aggregate Year-to-date	\$ 29.40

Name of Candidate or Committee Kenny Cotton
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stop N Shop Store	5/26/15	\$ 41.06
Mailing Address 300 Lawrence St		
City, State, Zip Code Summit MS 39666	5/20/15	\$ 38.90
Purpose of Disbursement (Optional) Gas for Vehicle	5/20/15 Aggregate Year-to-date	\$ 40.52
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/8/15	\$ 38.31
City, State, Zip Code	— / — / —	\$ 37.42
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 105.69 196.21
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Lowes Bldg Store	5/28/15	\$ 67.75
City, State, Zip Code 1802 Pike Point Circle McComb MS 39648	— / — / —	\$
Purpose of Disbursement (Optional) Sign Post	Aggregate Year-to-date	\$ 67.75
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address B-Kwik	5/14/15	\$ 20.25
City, State, Zip Code 3100 Veterans Blvd McComb MS 39648	— / — / —	\$
Purpose of Disbursement (Optional) Gas for Vehicle	Aggregate Year-to-date	\$ 20.25
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Sunflower Store	5/22/15	\$ 68.82
City, State, Zip Code Pike Center Mart McComb MS 39648	— / — / —	\$
Purpose of Disbursement (Optional) Rites for Meals	Aggregate Year-to-date	\$ 68.82
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Golden Corral	5/31/15	\$ 65.83
City, State, Zip Code McComb MS	— / — / —	\$
Purpose of Disbursement (Optional) Meals for Workers	Aggregate Year-to-date	\$ 65.85