

Delbert Hosemann  
SECRETARY OF STATE

PIKE COUNTY, MS

JUN 29 2015

ROBERTA GRAVES  
CIRCUIT CLERK

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

Name of Candidate JAMES K. COTTON (Kenny Cotton)  
Address 1025 Ed Ayers Rd, Summit 39166 County PIKE  
Telephone (Work) 601 276 9511 (Home) 601 810 5461 (Fax) 601 276 9545  
Contact Name Kenny Cotton Email Address Kenny Cotton 19@gmail.com  
Office Sought Sheriff Political Party Democratic

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, 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 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 \$	300.00	+	1050.00	\$ 1350.00	\$ 7210.00
Total amount of disbursements \$	1044.66		100.00	\$ 1144.66	\$ 10,447.12
Total amount of cash on hand				\$ 0	

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 J. Cotton

Date 30 Jun 15

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 §23-15-812.

- 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 Kenny Cotton  
 Reporting period June 1 2015 through June 30 2015

# ITEMIZED RECEIPTS

A. 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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>0</u>
<b>B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>		
Other (please specify) <u>TV RAFFLE</u>		
Full name <u>Kenny Cotton</u>	<u>6/5/15</u>	\$ <u>300-</u>
Mailing Address <u>1029 Ed Harris Rd</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Summit MS 39660</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Town of Summit MS</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Police Chief</u>	Aggregate year-to-date	\$ <u>300-</u>
<b>C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>		
Other (please specify) _____		
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
<b>D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>		
Other (please specify) _____		
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Kenny Cotton  
 Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lowes Building Supply	6/21/2015	\$ 26.65
Mailing Address 1809 Pike Point Circle		
City, State, Zip Code Mc Comb MS 39666	__/__/__	\$
Purpose of Disbursement (Optional) Pole for signs	Aggregate Year-to-date	\$ 26.65
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Conument Store	6/19/15	\$ 38.78
Mailing Address 1205 W. Oak St		
City, State, Zip Code Amite LA 70422	__/__/__	\$
Purpose of Disbursement (Optional) Vehicle Fuel (Gas)	Aggregate Year-to-date	\$ 38.78
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stop N Stop Store	6/16/15	\$ 15.43
Mailing Address 300 Lawrence St	6/10/15	\$ 45.54
City, State, Zip Code Dummit MS 39666	6/15/15	\$ 37.26
Purpose of Disbursement (Optional) Vehicle Gas	Aggregate Year-to-date	\$ 29.84
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
↓	6/27/15	\$ 42.01
Mailing Address		
City, State, Zip Code	6/15/15	\$ 30.21
Purpose of Disbursement (Optional)	6/24/15 Aggregate Year-to-date	\$ 41.54 241.83
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TJM Direct	6/1/15	\$ 412.50
Mailing Address 511 N.W. 48th Terrace		
City, State, Zip Code Deale, FL 34482	__/__/__	\$
Purpose of Disbursement (Optional) Campaign Tee Shirts	Aggregate Year-to-date	\$ 412.50
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stewart Signs	6/25/15	\$ 288.90
Mailing Address 2109 Hwy 48 West		
City, State, Zip Code McComb MS 39648	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 288.90

Name of Candidate or Committee Kenny Cotton  
 Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Achieve Foundation</u>	<u>6/13/15</u>	\$ <u>20.00</u>
Mailing Address		
<u>Magnolia MS</u>		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>20.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dollar General Store</u>	<u>6/20/15</u>	\$ <u>16.00</u>
Mailing Address		
<u>1084 Hwy 51 # 98</u>		
City, State, Zip Code		\$
<u>McComb MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16.00</u>
<u>drinks &amp; water for an event</u>		
C. 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	\$
D. 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	\$
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	\$