

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

RECEIVED
AUG 03 2015

Name of Candidate JAMES A. Cotton (Kerry Cotton)
 Address 1025 Ed Ayers Rd, Summit Pike ²¹⁶ County Pike
 Telephone (Work) 601 274 9511 (Home) 601 905 5461 (Fax) 601 274 9545
 Contact Name Kerry Cotton Email address Kerry.Cotton@ga.net.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 obligations) **Required to terminate reporting obligations**

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such cases, 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	Total Period	Calendar year-to-date
Total amount of contributions \$	1000. ⁰⁰	+	0	\$ 1000. ⁰⁰	\$ 8210.00
Total amount of disbursements \$	855.94		250. ⁰⁰	\$ 1105.94	\$ 11853.06
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

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for reporting requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory guidelines, 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, Municipal and all Legislative offices should return forms 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 | July 1 through July 25, 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>TBN Foodmart</u>	<u>7/21/15</u>	\$ <u>500.00</u>
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) <u>Store Owner</u>	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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>DBA TBN Shell Summit</u>	<u>7/21/15</u>	\$ <u>500.00</u>
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) <u>Store Owner</u>	Aggregate year-to-date	\$ <u>500.00</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 _____	<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 <input type="checkbox"/>	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

Kenny Cotton

Reporting period

July 1, 2015 through July 20, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Market Max Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	115 Presley Blvd	7/3/15	\$ 32.76
City, State, Zip Code	McComb MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Gas for Vehicle	Aggregate Year-to-date	\$ 32.76
B. Full name	Exxon Express Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	28050 Hwy 28	7/20/15	\$ 14.55
City, State, Zip Code	Hazelhurst MS 39083	___/___/___	\$
Purpose of Disbursement (Optional)	Vehicle Gas	Aggregate Year-to-date	\$ 14.55
C. Full name	Exxon Express Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1200 Brookway Blvd	7/11/15	\$ 13.38
City, State, Zip Code	Brookhaven MS 39601	___/___/___	\$
Purpose of Disbursement (Optional)	Vehicle Gas	Aggregate Year-to-date	\$ 13.38
D. Full name	Stop N Shop Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	300 Lawrence St	7/11/15	\$ 59.08
City, State, Zip Code	Summit MS 39666	___/___/___	\$
Purpose of Disbursement (Optional)	Gas for Vehicle	Aggregate Year-to-date	\$ 59.08
E. Full name	Good Guys Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1032 E. Hillsborough Ave	7/1/15	\$ 114.12
City, State, Zip Code	Tampa, FL 33604	___/___/___	\$
Purpose of Disbursement (Optional)	Political Signs	Aggregate Year-to-date	\$ 114.12
F. Full name	E J. News Paper Ads	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$ 62.50
City, State, Zip Code	McComb MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Political Ads	Aggregate Year-to-date	\$ 62.50

Name of Candidate or Committee Kenny Cotton

Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Ready Mix Company</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>104 West Woodrow Wilson Ave</u>		<u>7.13.15</u>	\$ <u>135.00</u>
City, State, Zip Code <u>Jackson, MS 39213</u>			\$
Purpose of Disbursement (Optional) <u>Political Sign Wire</u>		Aggregate Year-to-date	\$ <u>135.00</u>
B. Full name <u>Summit Plastics</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>722 MLK Dr</u>			\$ <u>333.84</u>
City, State, Zip Code <u>McComb MS 39648</u>			\$
Purpose of Disbursement (Optional) <u>Bags for fundraiser</u>		Aggregate Year-to-date	\$ <u>333.84</u>
C. Full name <u>Stop N Shop</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>300 Lawrence St</u>		<u>7.20.15</u>	\$ <u>13.90</u>
City, State, Zip Code <u>Summit MS 39666</u>			\$
Purpose of Disbursement (Optional) <u>GAS for Vehicle</u>		Aggregate Year-to-date	\$ <u>13.90</u>
D. Full name <u>Home Depot Store</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Brookhaven Blvd</u>		<u>7.1.15</u>	\$ <u>18.81</u>
City, State, Zip Code <u>Brookhaven MS</u>			\$
Purpose of Disbursement (Optional) <u>Skates for Political Signs</u>		Aggregate Year-to-date	\$ <u>18.81</u>
E. Full name <u>Stop N Shop</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>300 Lawrence St</u>		<u>7.4.15</u>	\$ <u>45.10</u>
City, State, Zip Code <u>Summit MS 39666</u>			\$
Purpose of Disbursement (Optional) <u>GAS for Vehicles</u>		Aggregate Year-to-date	\$ <u>45.10</u>
F. Full name <u>KASCO Travel Center</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1454 Union St</u>		<u>7.18.15</u>	\$ <u>12.98</u>
City, State, Zip Code <u>Brookhaven MS 39601</u>			\$
Purpose of Disbursement (Optional) <u>GAS for Vehicle</u>		Aggregate Year-to-date	\$ <u>12.98</u>