

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

SEP 30 2015  
*[Signature]*

Name of Candidate JAMES K. Cotton (Kenny Cotton)  
 Address 1025 ED AYLES RD, Summit <sup>5 Mile</sup> Pike, Al County Pike  
 Telephone (Work) 601 276 9511 (Home) 601 805 5461 (Fax) 601 276 9545  
 Contact Name Kenny Cotton Email Address Kenny.Cotton198@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 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	This Period	Calendar year-to-date
Total amount of contributions	5100.00	1360.00	\$ 6460.00	\$ 14670.00
Total amount of disbursements	3290.98	730.00	\$ 4020.98	\$ 15874.04
Total amount of cash on hand			\$ 0.00	

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

30 Sept 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 a/c 15-2-1.

- 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 1 July 15 through 30 Sep 15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stop N Shop Store</u>	<u>7/25/15</u>	\$ <u>38.57</u>
Mailing Address <u>300 Lawrence St</u>	<u>8/29/15</u>	\$ <u>36.29</u>
City, State, Zip Code <u>Summit Ms 39666</u>	<u>8/1/15</u>	\$ <u>38.73</u>
Purpose of Disbursement (Optional) <u>Gas for Campaign Vehicle</u>	Aggregate Year-to-date	
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>8/9/15</u>	\$ <u>36.76</u>
City, State, Zip Code	<u>8/24/15</u>	\$ <u>26.82</u>
Purpose of Disbursement (Optional)	<u>8/19/15</u>	\$ <u>48.37</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>8/21/15</u>	\$ <u>48.96</u>
City, State, Zip Code	<u>8/16/15</u>	\$ <u>40.54</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16.65</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>9/15/15</u>	\$ <u>34.00</u>
City, State, Zip Code	<u>9/16/15</u>	\$ <u>34.34</u>
Purpose of Disbursement (Optional)	<u>9/21/15</u>	\$ <u>33.74</u>
	Aggregate Year-to-date	\$
E. Full name <u>Marathon 24</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>4115 Hwy 24 W</u>	<u>9/5/15</u>	\$ <u>6.37</u>
City, State, Zip Code <u>McComb Ms</u>		\$
Purpose of Disbursement (Optional) <u>Gas for Vehicle</u>	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Heatway 1011</u>	<u>9/11/15</u>	\$ <u>7.78</u>
City, State, Zip Code <u>1300 Broadway McComb Ms</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

247.97

Name of Candidate or Committee

Kenny Cotton

Reporting period

1 July 15 through 30 Sep 15

## ITEMIZED DISBURSEMENTS

A. Full name	Stewart Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2109 Hwy 48 West	Aug 21 15	\$ 506.65
City, State, Zip Code	McComb MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Political Signs	Aggregate Year-to-date	\$
B. Full name	Southern Paper & Supply	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	110 Nehi Circle	8/26/15	\$ 208.99
City, State, Zip Code	McComb MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Campaign HQ AC Unit Repair	Aggregate Year-to-date	\$ 208.99
C. Full name	Radio WAZA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Front St	8/18/15	\$ 510.00
City, State, Zip Code	McComb MS 39648	9/23/15	\$ 125.00
Purpose of Disbursement (Optional)	Radio Ads	Aggregate Year-to-date	\$ 635.00
D. Full name	Verita Print	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Internet Purchase	___/___/___	\$ 25.18
City, State, Zip Code	___/___/___	___/___/___	\$
Purpose of Disbursement (Optional)	Business Card for Campaign	Aggregate Year-to-date	\$
E. Full name	Walgreens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10835 905 Marion Ave	9/2/15	\$ 85.39
City, State, Zip Code	McComb MS	8/21/15	\$ 80.51
Purpose of Disbursement (Optional)	Drinking Water for Campaign	Aggregate Year-to-date	\$ 165.90
F. Full name	Walmart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Veterans Blvd	8/28/15	\$ 47.05
City, State, Zip Code	McComb MS 39648	___/___/___	\$
Purpose of Disbursement (Optional)	Drinks for Volunteer	Aggregate Year-to-date	\$

Name of Candidate or Committee James K. Cotton (Kenny Cotton)  
 Reporting period July 1, 2015 through Sept 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tractor Supply	8/9/15	\$ 105. <sup>00</sup>
Mailing Address Peebley Blvd		
City, State, Zip Code McComb Ms 39648		
Purpose of Disbursement (Optional) T Poles for Signs	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Percy Quinn Park Hall	9/5/15	\$ 465. <sup>00</sup>
Mailing Address Percy Quinn State Pk		
City, State, Zip Code McComb Ms 39648		
Purpose of Disbursement (Optional) Political Meeting w/ Vets	Aggregate Year-to-date	\$ 465. <sup>00</sup>
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	\$

570.<sup>00</sup>

Name of Candidate or Committee Kenny Cotton  
 Reporting period 1 July 15 through 30 Sep 15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lowie's	8/21/15	\$ 72.20
Mailing Address		
1802 Pikes Point Circle		
City, State, Zip Code		
McComb MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
T-Poles for Political Signs		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nick's Corner	8/4/15	\$ 42.81
Mailing Address		
1001 Robb St		
City, State, Zip Code		
Summit MS 39666		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Gas for Vehicle		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tractor Supply	8/8/15	\$ 106.79
Mailing Address		
602 West Fredeley Blvd		
City, State, Zip Code		
McComb MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
T-Poles of Political Signs		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Calvin Phelps	8/23/15	\$ 200.00
Mailing Address		
1000 River Bridge Road		
City, State, Zip Code		
Summit MS 39666	9/28/15	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Internet web page manager		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Summit Plastic	9/3/15	\$ 51.36
Mailing Address		
107 Laurel St		
City, State, Zip Code		
Summit MS 39666		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Fundraiser w/ sell of yardage		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Office Depot Office Max	9/21/15	\$ 136.08
Mailing Address		
1446 Delaware Ave		
City, State, Zip Code		
McComb, MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 136.08
Purchased Paper		

809.24

Name of Candidate or Committee | Kenny Cotton  
 Reporting period | 1 July 15 through 30 Sep 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>Lucky L. Singh</u>	<u>8/10/15</u>	\$ <u>1000.00</u>
Mailing Address	<u>1100 Lakeview Dr</u>		\$ _____
City, State, Zip Code	<u>Summit MS 39666</u>		\$ _____
Name of Employer (Required)	<u>SELF</u>		\$ _____
Occupation (Required)	<u>Convenient Store</u>	Aggregate year-to-date	\$ <u>1000.00</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>Presley Quick Stop</u>	<u>8/10/15</u>	\$ <u>400.00</u>
Mailing Address	<u>560 Presley Blvd</u>		\$ _____
City, State, Zip Code	<u>McComb MS 39648</u>		\$ _____
Name of Employer (Required)	<u>SELF</u>		\$ _____
Occupation (Required)	<u>Convenient Store</u>	Aggregate year-to-date	\$ <u>400.00</u>
C. 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>Parminder Kaur D/B/A</u>	<u>8/10/15</u>	\$ <u>300.00</u>
Mailing Address	<u>P.O. Box 598</u>		\$ _____
City, State, Zip Code	<u>Summit MS 39666</u>		\$ _____
Name of Employer (Required)	<u>SELF</u>		\$ _____
Occupation (Required)	<u>Convenient Store</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. 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>Singh Food Mart</u>	<u>8/10/15</u>	\$ <u>500.00</u>
Mailing Address	<u>503 N Boardway</u>		\$ _____
City, State, Zip Code	<u>McComb MS 39648</u>		\$ _____
Name of Employer (Required)	<u>SELF</u>		\$ _____
Occupation (Required)	<u>Convenient Store</u>	Aggregate year-to-date	\$ <u>500.00</u>

2500.00

Name of Candidate or Committee Kenny Cotton  
 Reporting period July 15 through 30 Sep 15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Singh Hwy 98 Store</u>		<u>8/10/15</u>	\$ <u>250.00</u>
Mailing Address _____			
<u>Hwy 98 East</u>			
City, State, Zip Code _____			
<u>Monlesville MS</u>			
Name of Employer (Required) _____			
<u>Self</u>			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
<u>Convenient Store</u>			
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>Southwest Distributors</u>		<u>8/13/15</u>	\$ <u>500.00</u>
Mailing Address _____			
<u>P.O. Box 11481 1036 Gordon Rd</u>			
<u>Summit MS 39666</u>			
City, State, Zip Code _____			
Name of Employer (Required) _____			
<u>Owner</u>			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
<u>Budweiser Distributors</u>			
C. Source: <input type="checkbox"/> Corporation <input checked="" 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>American Phone System</u>		<u>8/23/15</u>	\$ <u>500.00</u>
Mailing Address _____			
<u>815 W. Congress St</u>			
City, State, Zip Code _____			
<u>LAQUETTE LA 70501-5719</u>			
Name of Employer (Required) _____			
<u>JACQUE JACKSON</u>			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
<u>Government Affairs</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>Michael &amp; Grissy Leblanc</u>		<u>8/23/15</u>	\$ <u>500.00</u>
Mailing Address _____			
<u>15267 Murano Ave</u>			
City, State, Zip Code _____			
<u>Pratville LA 70769</u>			
Name of Employer (Required) _____			
<u>Self</u>			
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
<u>Canteen for Jails</u>			

1750.00

Name of Candidate or Committee: Karen Bryant Lockett  
 Reporting period: July 1 2015 through Sept 30, 2015  
**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify):		
Full name: <u>Karen Bryant Lockett</u>	<u>9/17/15</u>	\$ <u>250.00</u>
Mailing Address: <u>1121 B. Delaware Ave</u>		\$
City, State, Zip Code: <u>McComb MS 39648</u>		\$
Name of Employer (Required): <u>Self</u>		\$
Occupation (Required): <u>Dentist</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify):		
Full name: <u>Kapoor Singh Heena &amp; BHM</u>	<u>7/31/15</u>	\$ <u>300.00</u>
Mailing Address: <u>1040 Van Beard Lane</u>		\$
City, State, Zip Code: <u>Summit MS 39666</u>		\$
Name of Employer (Required): <u>Self</u>		\$
Occupation (Required): <u>Convenient Store</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify):		
Full name: <u>Mike's Supermarket</u>	<u>7/31/15</u>	\$ <u>300.00</u>
Mailing Address: <u>329 South Locust St</u>		\$
City, State, Zip Code: <u>McComb MS 39648</u>		\$
Name of Employer (Required): <u>Self</u>		\$
Occupation (Required): <u>Convenient Store</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	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	\$

\$850.00