

FILED  
 Robert Rosemann  
 SECRETARY OF STATE  
 Pike County, MS

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

OCT 27 2015  
 Roger A. Graves  
 Circuit Clerk  
 By *[Signature]*

Name of Candidate JAMES K. Cotton (Kenny Cotton)  
 Address 10245 Ed Ayres Rd, Summit, MS 38688 County PIKE  
 Telephone (Work) 661 276 9511 (Home) 661 910 5461 (Fax) 661 276 9545  
 Contact Name Kenny Cotton Email Address Kenny.cotton19@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)  
 A. 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 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 \$	1500. <sup>00</sup>	2500. <sup>00</sup>	\$ 4000. <sup>00</sup>	\$ 18670. <sup>00</sup>
Total amount of disbursements \$	3645. <sup>74</sup>	370. <sup>00</sup>	\$ 4015. <sup>74</sup>	\$ 19889. <sup>78</sup>
Total amount of cash on hand			\$ 0. <sup>00</sup>	

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 27 Oct 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 315 (1972)

- 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 39295 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 their Municipal Clerk

Name of Candidate or Committee Kenny Cotton  
 Reporting period 1 Oct 15 through 27 Oct 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>Dr. Louise Amos</u>		<u>10/8/15</u>	\$ <u>750.00</u>
Mailing Address <u>1015 Apache Dr</u>		<u>10/22/15</u>	\$ <u>750.00</u>
City, State, Zip Code <u>McComb MS 39648</u>		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>SELF</u>		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>Med Doctor</u>		Aggregate year-to-date	\$ <u>1500.00</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>
Mailing Address _____		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code _____		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>  </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>  /  /  </u>	\$ <u>  </u>
Mailing Address _____		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code _____		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>  </u>
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>
Mailing Address _____		<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code _____		<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>  </u>

**\$1500.00**

Name of Candidate or Committee

James F. Cotton (Kenny Cotton) Page 3 of 5

Reporting period

10/15 through 27 Oct 15

## ITEMIZED DISBURSEMENTS

A. Full name	Harbor Freight Tools	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3100 Hwy 80 East	10/16/15	\$ 126.06
City, State, Zip Code	Pearl MS 39208	___/___/___	\$
Purpose of Disbursement (Optional)	Sign Tie down	Aggregate Year-to-date	\$ 126.06
B. Full name	Cash & Carry	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1204 W. Capitol St	10/10/15	\$ 69.50
City, State, Zip Code	Jackson MS 39203	___/___/___	\$
Purpose of Disbursement (Optional)	Food for Election	Aggregate Year-to-date	\$ 69.50
C. Full name	Lowes Home Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1802 Pike Circle	10/15/15	\$ 38.49
City, State, Zip Code	McComb MS 39648	10/23/15	\$ 144.41
Purpose of Disbursement (Optional)	item for Political HQ & trash can	Aggregate Year-to-date	\$ 182.90
D. Full name	McComb Wholesale Paper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	120 24th Street	10/20/15	\$ 177.71
City, State, Zip Code	McComb, MS 39648	10/20/15	\$ 92.61
Purpose of Disbursement (Optional)	Cups for food	Aggregate Year-to-date	\$ 270.32
E. Full name	Dollar General Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1084 Highway 51 & 98	10/29/15	\$ 17.12
City, State, Zip Code	McComb MS 39648	10/1/15	\$ 41.73
Purpose of Disbursement (Optional)	Food Containers & drink	Aggregate Year-to-date	\$ 58.85
F. Full name	Walmart Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Veterans Blvd	10/11/15	\$ 38.52
City, State, Zip Code	McComb MS 39648	10/2/15	\$ 14.72
Purpose of Disbursement (Optional)	Drinks & Copy Paper	Aggregate Year-to-date	\$ 23.24

\$ 730.89 SS04-06

Name of Candidate or Committee

JAMES K. Cotton (Kenny Cotton) Page 4 of 5

Reporting period

1 Oct 15 through 27 Oct 15

## ITEMIZED DISBURSEMENTS

A. Full name	Shell Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Hwy 51 1/2 98	10/10/15	\$ 34.76
City, State, Zip Code	Summit, MS 39666	___/___/___	\$
Purpose of Disbursement (Optional)	Gas for Political Vehicles	Aggregate Year-to-date	\$ 34.76
B. Full name	Shell Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1595 North Clark Dr	10/1/15	\$ 12.99
City, State, Zip Code	Magnolia MS 39652	___/___/___	\$
Purpose of Disbursement (Optional)	Gas for Vehicles	Aggregate Year-to-date	\$ 12.99
C. Full name	Sams Wholesale Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		10/10/15	\$ 147.90
City, State, Zip Code	JACKSON MS	10/16/15	\$ 211.34
		10/16/15	\$ 52.90
Purpose of Disbursement (Optional)	Chips, Chairs, Food for Election Day & Plates	Aggregate Year-to-date	\$ 179.30
D. Full name	Mr. Bell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Hwy 24	10/25/15	\$ 1251.00
City, State, Zip Code	Woodville MS	___/___/___	\$
Purpose of Disbursement (Optional)	Fish for Election Day	Aggregate Year-to-date	\$ 1251.00
E. Full name	Haring Catfish	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	681 Peter	10/26/15	\$ 504.00
City, State, Zip Code	Misker LA	___/___/___	\$
Purpose of Disbursement (Optional)	Catfish for Election Day	Aggregate Year-to-date	\$ 504.00
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	\$

SS04-06

\$ 2393.99

Name of Candidate or Committee

James H. Cotton (Henry Cotton) Page 5 of 5

Reporting period

1 Oct 15 through 27 Oct 15

# ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stop N Shop	10/22/15	\$ 346.00
Mailing Address		
300 Lawrence St		
City, State, Zip Code		
Summit N/S 39666		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 346.00
Drinks, Chilly & Cheese		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	10/14/15	\$ 27.22
Mailing Address		
	10/1/15	\$ 38.60
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	10/2/15	\$ 38.60
Mailing Address		
	10/15/15	\$ 20.46
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 470.88
Gas for Vehicle		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise - Journal Paper	10/15/15	\$ 50.00
Mailing Address		
City, State, Zip Code		
McComb MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.00
Ads		
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	\$

\$ 520.88 SS04-06