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PIKE COUNTY, MS

JUL 2 9 2019

ROGER A. GRAVES CIRCUIT CLERK

Name of Candidate	780,44	DEnny	otton	Control (III) for the property description of the control of the c
Address 210	09 3	esse Hall !	City/Zip	MAGNOLIA MS
Telephone (Work) 601 788			546 (Fax) K	01 783-6584
Contact Name Kany	Cotton	Email Address	Kenny cot	ton 19@gmail. Com
Office Sought Sharif	7	Political Party (if	any) Dem	nocratic
☐ Check here if above	is different fron	ı previous report		
		TYPE OF REPORT		
May 10, 2019 Periodic Repor	rt (January 1, 2019	through April 30, 2019)		Mandatory
June 10, 2019 Periodic Repo	rt (May 1, 2019 thr	ough May 31, 2019)		Mandatory
July 10, 2019 Periodic Repor	rt (June 1, 2019 thre	ough June 30, 2019)		
July 30, 2019 Primary Pre-E	lection Report (Ju	ly 1, 2019 through July	27, 2019)	
August 20, 2019 Primary Pro	e-Runoff Report (July 28, 2019 through A	ugust 17, 2019)	Runoff Candidates Only
October 10, 2019 Periodic R	eport (July 1, 2019	through September 30,	2019)	Mandatory
				Mandatory
				Runoff Candidates Only
				Mandatory
Termination Report (Comme expen	ittee will no longer		ake campaign	Required to terminate

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions.

 Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" sos 01-2019

restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.

(5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018

JAN. 1, 2019 CASH ON HAND BALAN				Management of the Communication of the Communicatio
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Dat
TOTAL AMT OF CONTRIBUTIONS	\$ 950,00	\$ 120.00	\$107000	\$ 7620, a
TOTAL AMT OF DISBURSEMENTS	\$ 65319	\$ 145,00	\$ 798.12	\$ 6880.2
CASH ON HAND BALANCE				\$ 739,76

Signature of Candidate	Date	

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov. Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies. SOS 01-2019

	CI M	Vocasi	Page of
Name of Candidate or Committee	Merill	nenny	Cotton
Reporting period	1, 7019 through_	Duly 2	7, 2019

ITEMIZED DISBURSEMENTS

A. Full name SAM'S Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address QD BAS Pro Dr.	710/19	\$ 193,27
City, State, Zip Code Dear MS 39208	7,29,19	\$ 215,15
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 468 42
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 501 W. Robb St	7 19212019	\$ 110,00
City, State, Zip Code Summit, M3 39666	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 110.00
C. Full name 3400 3 Show	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Auurg or ge Strage 3	710419	\$ 25.19
City, State, Zip Code NS 3966	1 128 19	s 49.51
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 74.70
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	\$
	rour to date	

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Name of Candidate of	or Committee	1	enny	(pto	2
Reporting period	24/41,	2019	through	Juli	30,2019
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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	()	this period
Full name JAMES E OF BEHTIE B. JENKINS	71111	\$ 200,00
Mailing Address 11.56 HING 570 E		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ \$300,00
B. Source: Corporation PAC Individual Loan	your to date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Tiger Commissary Services	7,17,19	\$ 250.00
Mailing Address		
515 M. Mashinaton Aug	<u> </u>	\$
City, State, Zip Code 20163-DOVD, AR 72401		\$
Name of Employer (Required) PAMENA A. D. COROL. N. 2.L.		\$
Occupation (Required)	Aggregate	\$ 75000
Jall Barvice	year-to-date	90
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date	
Other (please specify) Full name	Date	receipt
Other (please specify) Full name Mailing Address	Date	receipt this period
Other (please specify) Full name	Date	receipt this period \$ 500.00
Other (please specify) Full name Mailing Address City, State, Zip Code M. Comb., MS 39648	Date	receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date	receipt this period \$ 500.00
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) // / De / P	receipt this period \$ 500.
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500.00 \$ 500.00 Amount of each
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500.00 \$ 500.00 \$ 500.00
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500. \$ 500. Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify) Full name Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	receipt this period \$ 500. \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$