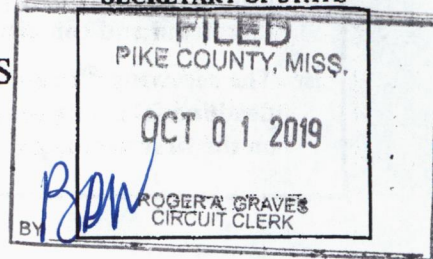




REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Sheriff Kenny Cotton  
 Address 2109 Jesse Hall Rd City/Zip Magnolia MS  
 Telephone (Work) 601 783-6767 (Home) 601 810-5461 (Fax) 601 783-6586  
 Contact Name Kenny Cotton Email Address kenny.cotton19@gmail.com  
 Office Sought Sheriff Political Party (if any) Democratic

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) ..... Mandatory
- June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) ..... Mandatory
- July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) ..... Mandatory
- July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) ..... Mandatory
- August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) ..... Runoff Candidates Only
- October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) ..... Mandatory
- October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) ..... Mandatory
- November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) ..... Runoff Candidates Only
- January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) ..... Mandatory
- Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) ..... Required to terminate reporting obligations

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).
- (4) 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"



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 BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

JAN. 1, 2019 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 4950.00	\$ 350.00	\$ 5300.00	\$ 11,300.00
TOTAL AMT OF DISBURSEMENTS	\$ 2648.28	\$ 1475.00	\$ 4123.28	\$ 8074.26
CASH ON HAND BALANCE				\$ 3225.74

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: 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](mailto:CampaignFinance@sos.ms.gov). Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.



Name of Candidate or Committee Kenny Cotton  
 Reporting period 1 July 2019 through 30 Sept 2019

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOSAN food Mart Inc</u>	<u>7/30/19</u>	\$ <u>500.00</u>
Mailing Address <u>9006 Hwy 98E/P.O. 2173</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retail Sales</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chris Bell</u>	<u>7/30/19</u>	\$ <u>1000.00</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code <u>Summit MS 39666</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Pike City Ship Office</u>	□ / □ / □	\$ _____
Occupation (Required) <u>INV.</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Karen Bryant Luckett Dms</u>	<u>7/1/19</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>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Andrew L Legg/Busan Ismael</u>	<u>8/1/19</u>	\$ <u>500.00</u>
Mailing Address <u>226 West Philadelphia</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jonesboro, Ar 72401</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Sales Person</u>	Aggregate year-to-date	\$ <u>500.00</u>

\$2250.00



Name of Candidate or Committee Sheriff Keeson Cotton  
 Reporting period July 1 2019 through Sept 30, 2019

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Spencer C. Emoine</u>	<u>8 / 13 / 19</u>	\$ <u>500.00</u>
Mailing Address <u>16333 Columns Way Apt. 7203</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Baton Rouge, LA 70817</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Salesman</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SB Enterprises LLC</u>	<u>8 / 8 / 19</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Summit MS 39866</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Salesman</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Southwest Distributors Inc</u>	<u>8 / 20 / 19</u>	\$ <u>450.00</u>
Mailing Address <u>P.O. Box 1148</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Summit MS 39866</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>450.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Premier Management Enterprises</u>	<u>8 / 20 / 19</u>	\$ <u>750.00</u>
Mailing Address <u>37270 Swamp Rd</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Trairreville, LA 70469-3320</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>750.00</u>

\$2200.00



Name of Candidate or Committee Sheriff Kenny Cotton  
 Reporting period July 1, 2019 through Sept 30, 2019

# 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>CTC Company INC</u>	<u>9/16/19</u>	\$ <u>500.00</u>
Mailing Address <u>4501 Marlena Street</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Bossier City, LA 71111</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>David S. Cotton</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
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"/>		
Other (please specify) _____		
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

\$500.00



Name of Candidate or Committee Sheriff Kenny Cotton  
 Reporting period July 1 2019 through Sept 30, 2019

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sam's Club Store	7/31/19	\$ 194.24
Mailing Address Braves Pro Ave		
City, State, Zip Code Brandon MS		\$
Purpose of Disbursement (Optional) food items	Aggregate Year-to-date	\$ 194.24
B. Full name Ray Thornton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2000 Old Hwy 27 #1	8/29/19	\$ 500.00
City, State, Zip Code Crystal Spring MS		\$
Purpose of Disbursement (Optional) Trailer Signs	Aggregate Year-to-date	\$ 500.00
C. Full name Ronnie Brock	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address New York Ave	8/22/19	\$ 288.00
City, State, Zip Code McComb, MS 39448		\$
Purpose of Disbursement (Optional) T-shirts	Aggregate Year-to-date	\$ 288.00
D. Full name Lowes Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1802 Pike Point Circle	8/30/19	\$ 59.94
City, State, Zip Code McComb MS 39448		\$
Purpose of Disbursement (Optional) Tools	Aggregate Year-to-date	\$ 59.94
E. Full name Walgreen Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10835 906 Marion Ave	8/30/19	\$ 106.87
City, State, Zip Code McComb, MS		\$
Purpose of Disbursement (Optional) Drinks	Aggregate Year-to-date	\$ 106.87
F. Full name Sam's Club Stores	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Braves Pro Ave	9/2/19	\$ 943.20
City, State, Zip Code Havel, MS		\$
Purpose of Disbursement (Optional) TV for Camp HQ	Aggregate Year-to-date	\$ 943.20

\$2,092.25  
SS04-06



Name of Candidate or Committee Kenny Cotton  
 Reporting period July 2019 through 30 Sept 2019

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Allan I. Voisei DBA	8/1/19	\$ 80.00
Mailing Address 3771 Hwy 51 82 Summit, MS 39666		
City, State, Zip Code Summit MS 39666		
Purpose of Disbursement (Optional) Campaign Sign	Aggregate Year-to-date	\$ 80.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Market Max	7/29/19	\$ 17.88
Mailing Address 115 Presley Blvd East		
City, State, Zip Code McComb MS 39648		
Purpose of Disbursement (Optional) Vehicle Gas	Aggregate Year-to-date	\$ 17.88
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stop & Shop	7/29/19	\$ 17.19
Mailing Address 300 Lawrence St		
City, State, Zip Code Summit MS 39666	7/30/19	\$ 25.19
Purpose of Disbursement (Optional) Veh Gas	Aggregate Year-to-date	\$ 42.38
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mike's Supermarket	7/29/19	\$ 8.12
Mailing Address 329 S Locust St		
City, State, Zip Code McComb, MS 39648	9/28/19	\$ 39.19
Purpose of Disbursement (Optional) Veh Gas	Aggregate Year-to-date	\$ 47.31
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Summit USPD	8/1/19	\$ 110.00
Mailing Address 501 W. Robert St		
City, State, Zip Code Summit, MS 39666		
Purpose of Disbursement (Optional) Postage Stamps	Aggregate Year-to-date	\$ 110.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Love's Food Market	8/1/19	\$ 57.22
Mailing Address 503 N. Broadway St.		
City, State, Zip Code McComb, MS 39648		
Purpose of Disbursement (Optional) Vehicle Gas	Aggregate Year-to-date	\$ 57.22

\$354.79 SS04-06



Name of Candidate or Committee Sheriff Kenny Cotton  
 Reporting period July 1, 2019 through Sept 30, 2019

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dollar General Store</u>	<u>9/27/2019</u>	\$ <u>117.12</u>
Mailing Address <u>511 Pearl River</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Parade Candy</u>	Aggregate Year-to-date	\$ <u>117.12</u>
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Blue Sky #291</u>	<u>9/21/2019</u>	\$ <u>20.00</u>
Mailing Address <u>101 W. Presley Blvd</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>9/28/2019</u>	\$ <u>43.00</u>
Purpose of Disbursement (Optional) <u>Veh Gas</u>	Aggregate Year-to-date	\$ <u>63.00</u>
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Walgreen Store</u>	<u>9/25/19</u>	\$ <u>21.12</u>
Mailing Address <u>#10835 906 Marion Ave</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>21.12</u>
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

\$201.24