

REPORT OF RECEIPTS AND DISBURSEMENTS  
2017 Municipal Election

Name of Candidate KENNETH LOFTON  
 Address 3150 ROBINSON RD APT#101 JACKSON MS 39209  
 Telephone (Work) 601-946-6711 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name KENNETH LOFTON Email Address KLOVGT@GMAIL.COM  
 Office Sought CITY COUNCIL Political Party (if any) DEMOCRATIC

☐ Check here if above information is different from previous report

TYPE OF REPORT

- ☒ Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017) ..... Primary Pre-Election Report  
 \_\_\_\_\_ Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017) ..... Primary Pre-Runoff Election Report  
 \_\_\_\_\_ Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017\*) ..... Pre-Election Report  
 \_\_\_\_\_ Wednesday, January 31, 2018 (January 1, 2017, through December 31, 2017) ..... Annual Report  
 \_\_\_\_\_ 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) \*For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesday, May 30, 2017 is April 23, 2017, through May 6, 2017.  
 (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period.  
 (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2017.  
 (4) File with your Municipal Clerk's Office. The Municipal Clerk 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. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

|                                  | Itemized | + | Non-Itemized |    | This Period |    | Calendar year-to-date |
|----------------------------------|----------|---|--------------|----|-------------|----|-----------------------|
| Total amount of contributions \$ | 550.95   | + | \$ 135.00    | \$ | 685.95      | \$ | 685.95                |
| Total amount of disbursements \$ | 550.95   | + | \$ 135.00    | \$ | 685.95      | \$ | 685.95                |
| Total amount of cash on hand     |          |   |              | \$ | 0           |    |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Kenneth W. Lofton  
Signature of Candidate

24 APR 2017  
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. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee KENNETH LOFTONReporting period JAN 1 2017 through APR 22, 2017

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐

Other (please specify) \_\_\_\_\_

Full name

KENNETH LOFTONDate  
(Mo., Day, Year)03 / 06 / 17Amount of each  
receipt  
this period\$ 306.96

Mailing Address

3150 ROBINSON RD APT# 10103 / 06 / 17\$ 74.99

City, State, Zip Code

JACKSON MS 3920904 / 03 / 17\$ 169.60

Name of Employer (Required)

KENNETH LOFTON (SELF)03 / 06 / 17\$ 135.00

Occupation (Required)

FIELD SERVICE ENGINEERAggregate  
year-to-date\$ 685.95B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

Other (please specify) \_\_\_\_\_

Full name

Date  
(Mo., Day, Year)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Mailing Address

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

City, State, Zip Code

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Name of Employer (Required)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Occupation (Required)

Aggregate  
year-to-date

\$ \_\_\_\_\_

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

Other (please specify) \_\_\_\_\_

Full name

Date  
(Mo., Day, Year)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Mailing Address

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

City, State, Zip Code

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Name of Employer (Required)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Occupation (Required)

Aggregate  
year-to-date

\$ \_\_\_\_\_

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

Other (please specify) \_\_\_\_\_

Full name

Date  
(Mo., Day, Year)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Mailing Address

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

City, State, Zip Code

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\$ \_\_\_\_\_

Name of Employer (Required)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

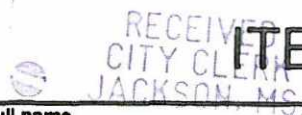
\$ \_\_\_\_\_

Occupation (Required)

Aggregate  
year-to-date

\$ \_\_\_\_\_



Name of Candidate or Committee KENNETH LOFTONReporting period 17 APR 25 PM 4: 07, 2017 through APR 22, 2017

## ITEMIZED DISBURSEMENTS

|                                    |                                      |                           |  |
|------------------------------------|--------------------------------------|---------------------------|--|
| A. Full name                       | <u>VISTAPRINT NETHERLANDS BV</u>     | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | <u>HUDSON WEG 8</u>                  | <u>03/06/17</u>           | \$ <u>306.96</u>                           |
| City, State, Zip Code              | <u>VENLO, THE NETHERLANDS 5928LW</u> | <u>03/08/17</u>           | \$ <u>74.99</u>                            |
| Purpose of Disbursement (Optional) | <u>PUSH CARDS</u>                    | Aggregate<br>Year-to-date | \$ <u>381.95</u>                           |
| B. Full name                       | <u>CHEAP YARD SIGNS</u>              | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    | <u>PO BOX 620204</u>                 | <u>04/03/17</u>           | \$ <u>169.00</u>                           |
| City, State, Zip Code              | <u>OVIEDO, FL 32762</u>              | <u>—/—/—</u>              | \$   |
| Purpose of Disbursement (Optional) |                                      | Aggregate<br>Year-to-date | \$ <u>169.00</u>                           |
| C. Full name                       |                                      | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                      | <u>—/—/—</u>              | \$   |
| City, State, Zip Code              |                                      | <u>—/—/—</u>              | \$   |
| Purpose of Disbursement (Optional) |                                      | Aggregate<br>Year-to-date | \$   |
| D. Full name                       |                                      | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                      | <u>—/—/—</u>              | \$   |
| City, State, Zip Code              |                                      | <u>—/—/—</u>              | \$   |
| Purpose of Disbursement (Optional) |                                      | Aggregate<br>Year-to-date | \$   |
| E. Full name                       |                                      | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                      | <u>—/—/—</u>              | \$   |
| City, State, Zip Code              |                                      | <u>—/—/—</u>              | \$   |
| Purpose of Disbursement (Optional) |                                      | Aggregate<br>Year-to-date | \$   |
| F. Full name                       |                                      | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                    |                                      | <u>—/—/—</u>              | \$   |
| City, State, Zip Code              |                                      | <u>—/—/—</u>              | \$   |
| Purpose of Disbursement (Optional) |                                      | Aggregate<br>Year-to-date | \$   |