OCTOBER REPORT

2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 07 2016
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Election

Name of Committee COMMITTEE TO ELECT JIM KITCHENS SUPREME COURT DIST 3

Address P.O. BOX 448, CALEDONIA, MS 39740 County LOWNDES

Telephone 662-356-0604 Fax 1(662)494-8279

Treasurer JOANN KITCHENS Email Address ctate@bankfirst3.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2016 Periodic Report (January 1, 2016, through April 30, 2016) ..... Mandatory

____ June 10, 2016 Periodic Report (May 1, 2016, through May 31, 2016) ..... Mandatory

____ July 8, 2016 Periodic Report (June 1, 2016, through June 30, 2016) ..... Mandatory

X October 10, 2016 Periodic Report (July 1, 2016, through September 30, 2016) ..... Mandatory

____ November 1, 2016 Pre-Election Report (October 1, 2016, through October 29, 2016) ..... Mandatory

All General and Special Election Candidates and Political Committees

____ November 22, 2016 Pre-Runoff Report (October 30, 2016, through November 19, 2016) ..... Runoff Candidates Only

All Candidates and Political Committees in a Runoff Election

____ January 10, 2017 Periodic Report (October 1, 2016, through December 31, 2016) ..... 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 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 receiving authority 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	Calender Year-To-Date
Total amount of contributions	$ 14,730.— +	$ 3,475—	$ 18,205.00	$ 45,751.00
Total amount of disbursements	$ 19,005.43 +	$ 462.03	$ 19,467.46	$ 30,312.58
Total amount of cash on hand			$ 15,438.42	

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 Director or Treasurer

10-6-2016
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 813 (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 39205 or fax to 601-576-2546. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 09-14

Name of Candidate or Committee COMMITTEE TO ELECT JAMES (JIM) KITCHENS - SUPREME COURT

Reporting period JULY 1, 2016 through SEPT. 30, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MICHAEL E. DUNLAP	7/1/16	$2,000.—
Mailing Address: P.O. BOX 720	__/__/__	$
City, State, Zip Code: BATESVILLE, MS 38606	__/__/__	$
Name of Employer (Required): GATEWAY TIRES	__/__/__	$
Occupation (Required): OWNER	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. H. DUNLAP	7/1/16	$2000.—
Mailing Address: P.O. BOX 720	__/__/__	$
City, State, Zip Code: BATESVILLE, MS 38606	__/__/__	$
Name of Employer (Required): GATEWAY TIRES	__/__/__	$
Occupation (Required): CO-OWNER	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KAREN HENRY	7/5/16	$100.00
Mailing Address: 608 6th AVE SOUTH	8/10/16	$100.00
City, State, Zip Code: COLUMBUS, MS 39701	9/20/16	$100.00
Name of Employer (Required): RETIRED	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.—

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) SUPPER CLUB	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FRIDAY FRIENDS FOREVER INC.	7/23/16	$430.—
Mailing Address: 203 BRITTANY LANE	__/__/__	$
City, State, Zip Code: STARKVILLE, MS 39759	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$

JULY-SEPT.

Name of Candidate or Committee COMMITTEE TO ELECT JAMES (JIM) KITCHENS - SUPREME COURT

Reporting period JULY 1, 2016 through SEPT. 30, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HARRY KITCHENS	7/29/16	$1,000.—
Mailing Address: 329 COLD WATER BEND	/ /	$
City, State, Zip Code: HOLLY SPRINGS, MS 38635	/ /	$
Name of Employer (Required): TOYOTA	/ /	$
Occupation (Required): ENGINEER	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA POLITICAL ACTION COMMITTEE	8/5/16	$1,500.00
Mailing Address: POST OFFICE BOX 1909	/ /	$
City, State, Zip Code: MADISON, MS 39130-1909	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HONORABLE JAMES MILLS	8/11/16	$250.00
Mailing Address: 406 SYCAMORE STREET	/ /	$
City, State, Zip Code: STARKVILLE, MS 39759	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): JUDGE	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BENJAMIN D. LANGE	8/19/16	$250.—
Mailing Address: 524 1/2 GREENSBORO ST.	/ /	$
City, State, Zip Code: STARKVILLE, MS 39759	/ /	$
Name of Employer (Required): VOLLOR LAW FIRM	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

JULY - SEPT.

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Name of Candidate or Committee COMMITTEE TO ELECT JAMES (JIM) KITCHENS - SUPREME COURT

Reporting period JULY 1, 2016 through SEPT. 30, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DAVIS BAKER	9/5/16	$ 250.—
Mailing Address: 2422 7TH STREET NORTH	/ /	$
City, State, Zip Code: COLUMBUS, MS 39705	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GARY'S PAWN AND GUN	9/8/16	$ 1,000.—
Mailing Address: 2221 HWY 45 N.	/ /	$
City, State, Zip Code: COLUMBUS, MS 39705	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SPROUSE CONSTRUCTION, INC.	9/10/16	$ 250.—
Mailing Address: 793 CALEDONIA/STEENS ROAD	/ /	$
City, State, Zip Code: CALEDONIA, MS 39740	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): CONSTRUCTION	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DANNY KING	9/19/16	$ 500.—
Mailing Address: 3359 NEW HOPE ROAD	/ /	$
City, State, Zip Code: COLUMBUS, MS 39702	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): BUSINESSMAN	Aggregate year-to-date	$ 1,000.—

SB04-05

JULY-SEPT.

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Name of Candidate or Committee COMMITTEE TO ELECT JAMES (JIM) KITCHENS - SUPREME COURT

Reporting period JULY 1, 2016 through SEPT. 30, 2016

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI MEDICAL PAC	9/19/16	$ 2,500.—
Mailing Address: P.O. BOX 2548	__/__/__	$
City, State, Zip Code: RIDGELAND, MS 39158	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARCIA LANE	9/22/16	$ 1,000.—
Mailing Address: 1449 W. LINDSEY FERRY ROAD	__/__/__	$
City, State, Zip Code: COLUMBUS, MS 39701	__/__/__	$
Name of Employer (Required): NA RETIRED	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NORTHEAST EXTERMINATING, LLC	9/26/16	$ 250.—
Mailing Address: 326 HWY 12 W.	__/__/__	$
City, State, Zip Code: STARKVILLE, MS 39759	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR. WILLIAM MORGAN BILLINGTON	9/27/16	$ 250.—
Mailing Address: 731 MEDICAL CENTER DRIVE	__/__/__	$
City, State, Zip Code: WEST POINT, MS 39773	__/__/__	$
Name of Employer (Required): FAMILY MEDICAL CLINIC	__/__/__	$
Occupation (Required): PHYSICIAN	Aggregate year-to-date	$

JULY-SEPT.

Name of Candidate or Committee COMMITTEE TO ELECT JAMES (JIM) KITCHENS - SUPREME COURT

Reporting period JULY 1, 2016 through SEPT. 30, 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TNELAIA PUGH	9/29/16	$1,000.-
Mailing Address: 781 GREENBRIAR DRIVE	__/__/__	$
City, State, Zip Code: COLUMBUS, MS 39705	__/__/__	$
Name of Employer (Required): RETIRED	__/__/__	$
Occupation (Required): NURSE, BUSINESS OWNER	Aggregate year-to-date	$3,000.-

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
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)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JO ANN KITCHENS (IN-KIND)	9/30/16	$
Mailing Address: 209 COOPER CREEK CV	__/__/__	$
City, State, Zip Code: CALEDONIA, MS 39740	__/__/__	$
Name of Employer (Required): * HAND-FANS AND STICKERS	__/__/__	$
Occupation (Required): RETIRED	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

* In-kind Donation

SS04-05

Name of Candidate or Committee: COMMITTEE TO ELECT JIM KITCHENS

Reporting period: JULY 1, 2016 through: SEPT. 30, 2016

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: MTG, LLC - JOHN MORGAN HUGHES Mailing Address: 147 HIGHLAND CIRCLE City, State, Zip Code: JACKSON, MS 39211 Purpose of Disbursement (Optional): JULY. YARD SIGNS, PUSHCARDS, CONSULTANT FEE	7/7/16	$ 3,796.20
	7/25/16	$ 1,000.—
	Aggregate Year-to-date	$
B. Full name: JAMES BISHOP Mailing Address: 413-B SANTA ANITA DR. JUNE City, State, Zip Code: STARKVILLE, MS 39759 JULY Purpose of Disbursement (Optional): JUNE-JULY CONSULTANT FEES	Date (Mo., Day, Year)	Amount of each disbursement this period
	7/15/16	$ 2,500.—
	7/15/16	$ 2,500.—
	Aggregate Year-to-date	$
C. Full name: MELANIE GREER Mailing Address: 302 W. LEAKE STREET City, State, Zip Code: CLINTON, MS 39056 Purpose of Disbursement (Optional): FUNDRAISING CONSULTANT FEE (4/1 - 7-31-16)	Date (Mo., Day, Year)	Amount of each disbursement this period
	8/4/16	$ 2,850.00
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name: MTG, LLC - JOHN MORGAN HUGHES Mailing Address: 147 HIGHLAND CIRCLE City, State, Zip Code: JACKSON, MS 39211 Purpose of Disbursement (Optional): LARGE SIGNS	Date (Mo., Day, Year)	Amount of each disbursement this period
	9/6/16	$ 2,130.30
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name: JAMES BISHOP Mailing Address: 413-B SANTA ANITA DRIVE (AUGUST) City, State, Zip Code: STARKVILLE, MS 39759 Purpose of Disbursement (Optional): AUG. CONSULTANT FEE, FUNDRAISE, INVIT., FACEBOOK	Date (Mo., Day, Year)	Amount of each disbursement this period
	9/6/16	$ 2,500.00
	9/6/16	$ 305.93
	Aggregate Year-to-date	$ 11,935.93
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

Name of Candidate or Committee: COMMITTEE TO ELECT JIMMY KITCHENS

Reporting period: JULY 1, 2016 through SEPT. 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name: U.S. POST OFFICE - CALEDONIA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 650 MAIN STREET	7/26/16	$ 47.00
City, State, Zip Code: CALEDONIA, MS 39740	9/22/16	$ 47.00
Purpose of Disbursement (Optional): POSTAGE - MAIL-OUTS	Aggregate Year-to-date	$
B. Full name: U.S. POST OFFICE - CALEDONIA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 650 MAIN STREET	9/26/16	$ 94.—
City, State, Zip Code: CALEDONIA, MS 39740	9/28/16	$ 94—
Purpose of Disbursement (Optional): POSTAGE - MAIL-OUTS	Aggregate Year-to-date	$
C. Full name: U.S. POST OFFICE - CALEDONIA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 650 MAIN STREET	9/29/16	$ 141.—
City, State, Zip Code: CALEDONIA, MS 39740	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 536.45
D. Full name: JMNG, LLC - JOHN MORGAN HUGHES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 147 HIGHLAND CIRCLE	9/27/16	$ 1,000.—
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Purpose of Disbursement (Optional): SEPTEMBER CONSULTANT FEE	Aggregate Year-to-date	$ 10,601.50
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	$