

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Bill PigottAddress 92 Pigott Easterling Rd Hylertown 39667Telephone 601 303 0988 Fax 601 876 5166Contact Name Roger Lowery Email bpigott@hous.ms.govOffice Sought House Dist. 99 Political Party Republican
☐ Check here if above is different from previous report
TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
☐ 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	Calendar Year-To-Date
Total amount of contributions	\$5,000 + \$3,250	\$ 8,250	\$ 8,250.00
Total amount of disbursements	\$ 450.00 + \$ 546.56	\$ 996.56	\$ 996.54
Total amount of cash on hand		\$33,591.15	

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

Bill Pigott
Signature of Candidate

1-31-11
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 39206 or fax to 601-359-1499 or 601-676-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Bill Pigott

Page 1 of 2

Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. 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 Georgia-Pacific		12/12/10	\$ 500.00
Mailing Address PO Box 61270		1 1	\$
City, State, Zip Code Phoenix AZ 85082		1 1	\$
Name of Employer (Required) _____		1 1	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input 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 Windmill Pallet Works		10/25/10	\$ 250.00
Mailing Address 7001 Settlement Rd		1 1	\$
City, State, Zip Code Tylertown MS 39667		1 1	\$
Name of Employer (Required) Rodney ERVIN		1 1	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
C. Source: <input checked="" type="checkbox"/> Corporation <input 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 B & B SALVAGE INC		10/18/10	\$ 500.00
Mailing Address 309 Bhulah AV.		1 1	\$
City, State, Zip Code Tylertown MS 39667		1 1	\$
Name of Employer (Required) DANNY BURG		1 1	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
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 Joe FRANK SANDERSON Jr		10/19/10	\$ 500.00
Mailing Address PO Box 988		1 1	\$
City, State, Zip Code LAUREL MS 39441		1 1	\$
Name of Employer (Required) Joe FRANK SANDERSON		1 1	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input 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>Western Resources Inc</u>		<u>10/25/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 246</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tylertown MS 39667</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Steve Pigott</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input 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>Pigott Oil</u>		<u>10/25/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 229</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tylertown MS 39667</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Jeremy Holmes</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input 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>MARKET MAX LLC</u>		<u>10/25/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 229</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tylertown MS 39667</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Jeremy Holmes</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input 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>Home Health CARE Systems</u>		<u>10/25/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1267</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Hattiesburg MS 39403</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Wilfred Payne II</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee

Bill P. Gott

Reporting period

through

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WBJU-FM</u>	<u>11/2/10</u>	\$ <u>450.00</u>
Mailing Address		\$
<u>37 S Highschool Av</u>	<u>11/2/10</u>	\$
City, State, Zip Code		\$
<u>Columbia MS 39429</u>	<u>11/2/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>450.00</u>
<u>Adv.</u>		
B. 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	\$
C. 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	\$
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	\$