2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 26 2010
Secretary of State
Capitol Office

Candidate's Name Bill Pigott

Full Address 92 Pigott Easterling Rd

Telephone 601 303 0988 (Fax)

E-mail

Office Sought Rep Dist 99 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ **January 29, 2010 Annual Report** (January 1, 2009, through December 31, 2009).....**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 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. Faxed reports are acceptable.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	$ 12,205	$ 12,205
Total amount of disbursements	$ 192.24	$ 192.24
Total amount of cash on hand	$ 25,152.69	

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

1-26-10 — 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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Bill Pigott

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WTYL Am/Fm	5/31/09	$ 117.74
Mailing Address: 930 Union Rd		
City, State, Zip Code: Tylertown MS 39667	__/__/__	$
Purpose of Disbursement (Optional): Adv.	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WTYL Am/Fm	12/31/09	$ 75.00
Mailing Address: 930 Union Rd		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Adv	Aggregate Year-to-date	$ 192.74

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/31/09	$ 75.00
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	$

Name of Candidate or Committee Bill Pigott

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Shelton Stogner	10/19/09	$ 1,000.00
Mailing Address: 87 Joe Pittman Rd	/ /	$
City, State, Zip Code: Tylertown MS 39667	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dixie Matt Hardwood Inc	10/20/09	$ 1,000.00
Mailing Address: PO BOX 69	/ /	$
City, State, Zip Code: Tylertown MS 39667	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jones Brothers Trucking	10/20/09	$ 1,000.00
Mailing Address: PO BOX 129	/ /	$
City, State, Zip Code: Sandy Hook MS 39478	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jones Lumber Co INC	10/20/09	$ 1,000.00
Mailing Address: [redacted] 236 Herring Rd	/ /	$
City, State, Zip Code: Sandy Hook 39478	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Bill Pigott

Reporting period 1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SumRall Welding	4/30/09	$ 1,000.00
Mailing Address: 980 Hwy 48 East	/ /	$
City, State, Zip Code: Tylertown, MS 39667	/ /	$
Name of Employer (Required): Dana SumRall	/ /	$
Occupation (Required): Welding	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JOE FRANK SANDERSON Jr	10/19/09	$ 500.00
Mailing Address: P.O. Box 988	/ /	$
City, State, Zip Code: LAUREL MS 39441	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DUNGAN ENGINEERING PA	10/19/09	$ 250.00
Mailing Address: P.O. Box 150	/ /	$
City, State, Zip Code: Columbia MS 39429	/ /	$
Name of Employer (Required): JEFF DUNGAN	/ /	$
Occupation (Required): ENGINEER	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steven K. Jones	10/20/09	$ 1,000.00
Mailing Address: 355 Coppers Ford Rd	/ /	$
City, State, Zip Code: Tylertown MS 39667	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Bill Pigott

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stringer's Oil Field Service INC	10/20/09	$ 800.00
Mailing Address: PO Box 323	__/__/__	$
City, State, Zip Code: Columbia MS 39429	__/__/__	$
Name of Employer (Required): Horace English	__/__/__	$
Occupation (Required): Oil Field Service	Aggregate year-to-date	$ 800.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Beacon Supply Co INC	10/20/09	$ 500.00
Mailing Address: PO Box 968	__/__/__	$
City, State, Zip Code: Columbia MS 39429	__/__/__	$
Name of Employer (Required): Glen K Lum	__/__/__	$
Occupation (Required): Supply Co.	Aggregate year-to-date	$ 500.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: G River Drilling Service Inc	10/19/09	$ 350.00
Mailing Address: 1014 Hwy 98 By-Pass	__/__/__	$
City, State, Zip Code: Columbia MS 39429	__/__/__	$
Name of Employer (Required): Hubby Grenier	__/__/__	$
Occupation (Required): Water Wells	Aggregate year-to-date	$ 350.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TWL DBA Columbia Diesel Castings	10/20/09	$ 250.00
Mailing Address: 1256 Hwy 98E	__/__/__	$
City, State, Zip Code: Columbia MS 39429	__/__/__	$
Name of Employer (Required): Larry Woodall	__/__/__	$
Occupation (Required): Diesel Equipment	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Derek Blackwells AC LLC	10/20/09	$ 250.00
Mailing Address: 195 New Zion Rd	__/__/__	$
City, State, Zip Code: Tylertown MS 39667	__/__/__	$
Name of Employer (Required): Derek Blackwell	__/__/__	$
Occupation (Required): Heating + AC	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jenny Holmes	10/20/09	$ 200.00
Mailing Address: 101 Dry Creek Rd	__/__/__	$
City, State, Zip Code: Tylertown MS 39667	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R+R Sheet Metal Inc	12/15/09	$ 1,000.00
Mailing Address: PO Box 49	__/__/__	$
City, State, Zip Code: Foxworth, MS 39483	__/__/__	$
Name of Employer (Required): Steve Rowell	__/__/__	$
Occupation (Required): Sheet Metal	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	10/12/09	$ 250.00
Mailing Address: P.O. Box 61270	__/__/__	$
City, State, Zip Code: Phoenix AZ 85082-1270	__/__/__	$
Name of Employer (Required): Tyler S Wooten	__/__/__	$
Occupation (Required): Member	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Bill Pigott

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NUCOR Steel Recyclers of MS PAC	10/29/09	$ 500.00
Mailing Address: 3630 Fourth st	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): Nucor Morgantown	/ /	$
Occupation (Required): Recyclers	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Co. State PAC	11/19/09	$ 250.00
Mailing Address: P.O Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. 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	$

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	$