2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
FEB 10 2010
Campaign Finance
Secretary of State
DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBU ENTS
Special Election

Name of Candidate Kenneth EARI RAmsey Jr

Address 309 Simmons Street

Telephone 601-750-4848 Fax

Contact Name Kenneth Ramsey Sr Email

Office Sought Senate Dist. 36 Political Party mocratic

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ February 9, 2010 Pre-Election Report (January 1, 2010, through Feb 010).....Mandatory

____ January 31, 2011 Annual Report (January 1, 2010 through Decembe).....Mandatory

____ Termination Report (Candidate will no longer accept contributions or campaign expenditures and has no outstanding campaign debt obliga Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditure curred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contr nd expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports mu 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 n the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the re orts by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND SEMENTS

	Itemized + Non-Itemized =	T d	Calendar Year-To-Date
Total amount of contributions	$ 0 +$ 0	$	$ 0
Total amount of disbursements	$ 0 +$ 0	$	$ 0
Total amount of cash on hand	0 0	$	

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

Kenneth Earl Ramsey Sr. 9-2010

Signature of Candidate

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 sta ness, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-8 972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return forms State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2010.
2. Candidates for countywide and county district offices should return forms to their county Circuit

SOS 01-10

Name of Candidate or Committee Kenneth EARL Ra[redacted] SR

Reporting period 2-9-2010 through 1-1-[redacted] February

ITEMIZED DISBURSE[redacted]NTS

A. Full name N/A	[redacted]e y, Year)	Amount of each disbursement this period
Mailing Address	[redacted]/__	$ 0
City, State, Zip Code	[redacted]/__	$
Purpose of Disbursement (Optional)	[redacted]gate -date	$
B. Full name N/A	[redacted]e y, Year)	Amount of each disbursement this period
Mailing Address	[redacted]/__	$ 0
City, State, Zip Code	[redacted]/__	$
Purpose of Disbursement (Optional)	[redacted]gate -date	$
C. Full name N/A	[redacted]e y, Year)	Amount of each disbursement this period
Mailing Address	[redacted]/__	$ 0
City, State, Zip Code	[redacted]/__	$
Purpose of Disbursement (Optional)	[redacted]gate -date	$
D. Full name N/A	[redacted]e y, Year)	Amount of each disbursement this period
Mailing Address	[redacted]/__	$ 0
City, State, Zip Code	[redacted]/__	$
Purpose of Disbursement (Optional)	[redacted]gate -date	$
E. Full name N/A	[redacted]e y, Year)	Amount of each disbursement this period
Mailing Address	[redacted]/__	$ 0
City, State, Zip Code	[redacted]/__	$
Purpose of Disbursement (Optional)	[redacted]gate -date	$
F. Full name N/A	[redacted]e y, Year)	Amount of each disbursement this period
Mailing Address	[redacted]/__	$ 0
City, State, Zip Code	[redacted]/__	$
Purpose of Disbursement (Optional)	[redacted]gate -date	$

Name of Candidate or Committee Kenneth EARL Ra[redacted] SR.

Reporting period 2-9-2010 through 2-6-[redacted]0

ITEMIZED RECEI[redacted]S

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Day, Year)	Amount of each receipt this period
Full name N/A	/ /	$ 0
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	gregate r-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Day, Year)	Amount of each receipt this period
Full name N/A	/ /	$ 0
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	gregate r-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Day, Year)	Amount of each receipt this period
Full name N/A	/	$ 0
Mailing Address	/	$
City, State, Zip Code	/	$
Name of Employer (Required)	/	$
Occupation (Required)	gregate -to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Day, Year)	Amount of each receipt this period
Full name N/A	/	$ 0
Mailing Address	/	$
City, State, Zip Code	/	$
Name of Employer (Required)	/	$
Occupation (Required)	gregate -to-date	$