

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2012 Annual Report

**RECEIVED**

JAN 31 2013

Secretary of State  
Capital Office

Name of Candidate Kenneth W. Jones  
Address 214 N. West St Canton MS 39046  
Telephone 601-859-5108 Fax 601-859-7818  
Office Sought Senate 21 Email Knexcomm@aol.com

Check here if above is different from previous report

**TYPE OF REPORT**

- January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012).....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	Calendar Year-To-Date
Total amount of contributions	\$ 3,500 +\$	\$ 3,500	\$ 9,807.17
Total amount of disbursements	\$ +\$ 7,287	\$	\$
Total amount of cash on hand		\$ 2,520.17	

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. Jones  
Signature of Candidate

Jan 30, 2013  
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 601-576-2545.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Kenneth W. Jones  
 Reporting period Jan 31, 2013 through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input 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>Walmart Stores</u>	<u>10/10/12</u>	\$ <u>250.00</u>
Mailing Address <u>702 SW 8th St</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Bentonville, Arkansas 72716</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. Source: <input 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>Comcast Corp</u>	<u>09/19/12</u>	\$ <u>250.00</u>
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. Source <input 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>Capitol Partners</u>	<u>10/31/12</u>	\$ <u>500.00</u>
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: <input 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>State Farm PAC</u>	<u>11/5/13</u>	\$ <u>1,000</u>
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Kenneth W. JonesReporting period Jan 31, 2013 through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input 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>Express Scripts</u>		<u>1</u> / <u>1</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
City, State, Zip Code _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Name of Employer (Required) _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input 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>AT&amp;T PAC</u>		<u>12</u> / <u>12</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
City, State, Zip Code _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Name of Employer (Required) _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: <input 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>Capital Resources</u>		<u>10</u> / <u>29</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
City, State, Zip Code _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Name of Employer (Required) _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input 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>Magnolia Healthcare</u>		<u>7</u> / <u>28</u> / <u>12</u>	\$ <u>500</u>
Mailing Address _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
City, State, Zip Code _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Name of Employer (Required) _____		<u>1</u> / <u>1</u> / <u>12</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Kenneth W. Jones

Reporting period Jan 31, 2013 through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Norvartis</u>	<u>1/1/13</u>	\$ <u>250.00</u>
Mailing Address	_____	<u>1/1/13</u>	\$ _____
City, State, Zip Code	_____	<u>1/1/13</u>	\$ _____
Name of Employer (Required)	_____	<u>1/1/13</u>	\$ _____
Occupation (Required)	_____	<b>Aggregate year-to-date</b>	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u>1/1/13</u>	\$ _____
Mailing Address	_____	<u>1/1/13</u>	\$ _____
City, State, Zip Code	_____	<u>1/1/13</u>	\$ _____
Name of Employer (Required)	_____	<u>1/1/13</u>	\$ _____
Occupation (Required)	_____	<b>Aggregate year-to-date</b>	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u>1/1/13</u>	\$ _____
Mailing Address	_____	<u>1/1/13</u>	\$ _____
City, State, Zip Code	_____	<u>1/1/13</u>	\$ _____
Name of Employer (Required)	_____	<u>1/1/13</u>	\$ _____
Occupation (Required)	_____	<b>Aggregate year-to-date</b>	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u>1/1/13</u>	\$ _____
Mailing Address	_____	<u>1/1/13</u>	\$ _____
City, State, Zip Code	_____	<u>1/1/13</u>	\$ _____
Name of Employer (Required)	_____	<u>1/1/13</u>	\$ _____
Occupation (Required)	_____	<b>Aggregate year-to-date</b>	\$ _____