2015 ELECTION CYCLE

SEND TO:

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

SECRETARY DETATE
PIKE COUNTY, MISS.

JUL 1 0 2015

Name of Candidate BETTI BRUMFIEL	7	
Box Address 3077 PIKE 93 5	County PIKE	B CIRCUIT CLERK
NOU Aelephone (Work) 601-391-4649 (Home) Contact Name PHIUI PROUNFIED Email Address	(Fax)	
39652 Contact Name PHILLIPBRUMFIED Email Addres	s	
19769	EPUBLICAN	
Check here if above is different from previous report		
<u>TYPE OF F</u> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) .	REPORT	11 - 17
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)		
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)		
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015))	Mandator
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15	All Pri	mary Candidates and Political Committee
·	All Primary Candidales and	d Political Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 2015, through September 30,		
October 27, 2015 Pre-Election Report		Mandatory
(Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)		All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 17, 2015)	rember 14, 2015)	Runoff Candidates Only Political Committees in a Runoff Election
January 8, 2015 Periodic Report (October 1, 2015, through December 3		
Termination Report (Candidate will no longer accept contributions or make campout standing campaign debt obligation)		Required to terminate reporting obligations
IMPURTANT		
(1) Pre-Election reports are mandatory, even if no contributions or expenditures had indicating "0" (Zero) for total amount of reported contributions and expenditure	ave occurred. In such case, the es during this period,	candidate shall submit a report
(2) Until a Candidate files a Termination Report, annual and periodic reports must sand (iii).	still be filed in accordance with	Miss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt of the required reports by 5:00 holiday, the office must be in actual receipt of the required reports by 5:00 p.m. acceptable.	p.m. on the reporting day. If th on the first working day before	e deadline falls on a weekend or a e the deadline, Faxed reports are
REPORTED CONTRIBUTIONS	S AND DISBURSEMENTS	
Itemized + Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ _ 6 _ +\$ _ 6 _	\$ a	\$-0-
Total amount of disbursements \$ +\$	\$	\$
Total amount of cash on hand	s — o —	
Legitive that have examined this report and to the best of my know		A
Signature of Candidate		v. 25
Authority: Refer to Miss, Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.	24.4	
Penalties: Failure to submit required reports, or failure to submit reports in accordance with fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 at	h statutory deadlines, or failure to nd 813 (1972).	o submit valid reports shall result in

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

3. Candidates for Municipal office should return forms to the Municipal Clark

lame of Candidate or C	ommittee	Page of
Reporting period	lhrough	
	ITEMIZED RECEIPTS	

	13	
A. 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	\$
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	\$
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
uli name		\$
falling Address		\$
ity, State, Zip Code		\$
ame of Employer (Required)	匚,匚,匚	\$
ccupation (Required)	Aggregate year-to-date	\$
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
III name		\$
illing Address		\$
y, State, Zip Code		\$
me of Employer (Required)		\$
cupation (Required)	Aggregate year-to-date	\$

P	ago	of	

Name of Candida	te or Committee		
Reporting period		through	

ITEMIZED DISBURSEMENTS

A, 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	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		S
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		\$
eurpose of Disbursement (Optional)	Aggregate Year-to-date	\$
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
lailing Address		\$
ity, State, Zip Code		\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$