Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

2015 Election

		,	JUL 1 0 2015
Name of Candidate Becky Buie			304 10 MANAGE
Address 715 Burke Ave, McConb, NS 3964	8 county Pike	87	ORGANICA SAN
Telephone (Work) 601 248 4619 (Home) 601 249	3823 (Fax) 60	1 250 1	<u>091[©]</u>
Contact NameEmail Add	iress_bbuie_200	3 @ ya	hoo.com
Office Sought Chancery Clerk Political Party	Republican		
Check here if above is different from previous report	•		
TYPE (OF REPORT		
May 8, 2015 Periodic Report (January 1, 2015, through April 30, 20	015)		Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015	5)	••••••	Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 201	5)		Mandatory
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2	2015)	All Primary	Mandatory Candidates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, through Augu	ust 15, 2015) All Primary Candid	tates and Pol	Runoff Candidates Only litical Committees in a Runoff Election
October 9, 2015 Periodic Report (July 1, 2015, through September	r 30, 2015)	•••••	Mandatory
October 27, 2015 Pre-Election Report(Primary Election Winners report October 1, 2015, through October 24, 2016) (Independent Candidates report January 1, 2015 through October 24, 2016)	015)	All (Mandatory Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, through			Runoff Candidates Only itical Committees in a Runoff Election
January 8, 2015 Periodic Report (October 1, 2015, through Decem	nber 31, 2015)		Mandaʻory
Termination Report (Candidate will no longer accept contributions or make outstanding campaign debt obligation)	e campaign expenditures and	has no	Required to terminate reporting obligations
<u>IMPORT</u>			
(1) Pre-Election reports are mandatory, even if no contributions or expenditue indicating "0" (Zero) for total amount of reported contributions and expenditue	res have occurred. In such on nditures during this period.	ase, the can	ndidate shali submit a report
(2) Until a Candidate files a Termination Report, annual and periodic reports and (iii).	must still be filed in accorda	nce with Mis	ss. Code Ann. § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual receipt of the required reports by holiday, the office must be in actual receipt of the required reports by 5:00 acceptable.			
REPORTED CONTRIBUT	TIONS AND DISBURSE	<u>IENTS</u>	
Itemized + Non-Itemized	This Pe	riod	Calendar year-to-date
Total amount of contributions \$ + + \$ + + + + + + + + + + + + + + +	\$ \$\$\$	10 -0-	\$ 450.00
Total amount of disbursements \$439.56 +\$	\$ 439.9	56	\$ 3287.05

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

Total amount of cash on hand

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
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name	of	Candidate	or	Committee	

Reporting period 6-1-15

Packy Buie
through 100 6-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Enterprise Journal	(Mo., Day, Year)	disbursement this period
Exterprise Journal Mailing Address POPSOX 2009	6124115	\$ 225.00
City, State, Zip Code UCCONIB, US 39648		\$
D	Aggregate Year-to-date	\$ 850.00
B. Full name Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
POP20X 805	6/10/15	s 214.56
City, State, Zip Code NC Comb, US 39648		S
Purpose of Disbursement (Optional) Campaign Cards	Aggregate Year-to-date	\$ 527.31
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	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. 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
F. 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