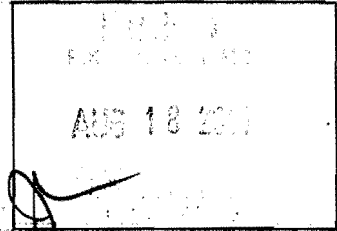


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Becky Buie
 Address 715 Burke Ave, McComb, MS 39648 County Pike
 Telephone (Work) 601 248 4619 (Home) 601 249 3823 (Fax) 601 250 1091
 Contact Name _____ Email Address bbuie_2000@yahoo.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, 2015)Mandatory
- ___ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)Mandatory
- ___ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)Mandatory
- ___ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)Mandatory
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- ___ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)Mandatory
- ___ October 27, 2015 Pre-Election ReportMandatory
(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 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ___ January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)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 Secretary of State 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 \$	200 ⁰⁰	+\$ 300 ⁰⁰	\$ 500.00	\$ 1350.00
Total amount of disbursements \$	930.34	+\$ 0	\$ 930.34	\$ 5459.39
Total amount of cash on hand			\$ 0	

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

Signature of Candidate Becky Buie

Date 8-16-15

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 \$60 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 Bekky Bouie
 Reporting period 7-26-15 through 8-15-15

ITEMIZED DISBURSEMENTS

A. Full name <u>Enterprise Journal</u>	Date (Mo., Day, Year) <u>7/31/15</u>	Amount of each disbursement this period \$ <u>175.00</u>
Mailing Address <u>PO Box 2009</u>	<u>7/31/15</u>	\$ <u>175.00</u>
City, State, Zip Code <u>McCormb, MS 39648</u>	<u>8/1/15</u>	\$ <u>70.00</u>
Purpose of Disbursement (Optional) <u>advertising</u>	Aggregate Year-to-date	\$
B. Full name <u>(Enterprise Journal) Cont.</u>	Date (Mo., Day, Year) <u>8/14/15</u>	Amount of each disbursement this period \$ <u>205.00</u>
Mailing Address	<u>8/14/15</u>	\$ <u>205.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,220.00</u>
C. Full name <u>Supertalk Mississippi</u>	Date (Mo., Day, Year) <u>7/30/15</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>610 Delaware Ave</u>	<u>7/30/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>McCormb, MS 39648</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Radio spots</u>	Aggregate Year-to-date	\$
D. Full name <u>Screen Graphics</u>	Date (Mo., Day, Year) <u>8/10/15</u>	Amount of each disbursement this period \$ <u>280.34</u>
Mailing Address <u>2147 Hwy 48W</u>	<u>8/10/15</u>	\$ <u>280.34</u>
City, State, Zip Code <u>McCormb, MS 39648</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>signs</u>	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Betsy Brui
 Reporting period 7-26-15 through 8-15-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr + Mrs Isaac D Brussard</u>	<u>7/30/15</u>	\$ <u>200.00</u>
Mailing Address <u>672 Hwy 98W</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Tylertown, Miss 39667</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required) <u>dent pathologist</u>	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	□ / □ / □	\$ _____
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	□ / □ / □	\$ _____
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____