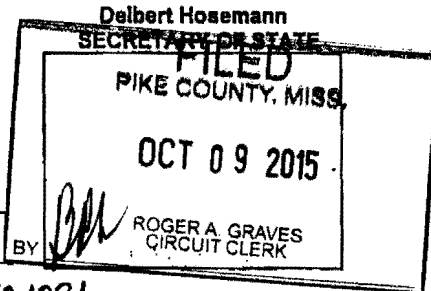


2015 ELECTION CYCLE

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 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 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. § 23-15-307 (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	+ \$ 840.00	\$ 1040.00	\$ 1890.00
Total amount of disbursements \$	2408.21	+ \$ 197.37	\$ 2605.58	\$ 7134.63
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.

Becky Buie
Signature of Candidate

10-8-15
Date

Authority: Refer to Miss. Code Ann. §23-15-301 (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. §§ 23-15-311 and 313 (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 Bedej Buie
 Reporting period 7-1-15 through 9-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise Journal		
Mailing Address PO Box 2009	7/24/15	\$ 300.00
City, State, Zip Code McComb MS 39648	7/31/15	\$ 175.00
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$
B. Full name ES (cont.)	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
	8/7/15	\$ 70.00
City, State, Zip Code	8/14/15	\$ 205.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
	9-25-15	\$ 195.00
C. Full name ES (cont.)	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
	8/21/15	\$ 320.00
City, State, Zip Code	9/4/15	\$ 145.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
		\$ 3180.00
D. Full name Southwest Broadcasting	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
206 N Front St	8/19/15	\$ 240.00
City, State, Zip Code McComb MS 39648	8/19/15	\$ 240.00
Purpose of Disbursement (Optional) radio advertising	Aggregate Year-to-date	\$
		\$ 490.00
E. Full name Screen Graphics	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
2147 Hwy 48 W	8/10/15	\$ 280.34
City, State, Zip Code McComb, MS 39648	9/24/15	\$ 257.87
Purpose of Disbursement (Optional) political signs	Aggregate Year-to-date	\$
		\$ 538.21
F. Full name Suptalk Radio	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
610 Delaware Ave	8/18/15	\$ 220.00
City, State, Zip Code McComb MS 39648	__/__/__	\$
Purpose of Disbursement (Optional) radio advertising	Aggregate Year-to-date	\$
		\$ 220.00

Name of Candidate or Committee Bedeley Buie

Reporting period 9-1-15 through 9-30-15

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>Dr. & Mrs Isaac D. Broussard</u>	<u>9/31/15</u>	\$ <u>200.00</u>
Mailing Address <u>672 Hwy 48W</u>		\$
City, State, Zip Code <u>Talented, MS 39667</u>		\$
Name of Employer (Required) <u>Retired</u>		\$
Occupation (Required) <u>doctor</u>	Aggregate year-to-date	\$ <u>400.00</u>
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	\$

SS04-05

TOTAL P.003