

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Debra Rosemann
 SECRETARY OF STATE
 PIKE COUNTY, MISS.
 JUL 13 2015
 BY *[Signature]*
 ROGER A. GRAVES
 CIRCUIT CLERK

Name of Candidate Smithie Buie
 Address 115 Garner Buie County Pike
 Telephone (Work) 601-783-5679 (Home) 601-395-0866 (fax)
 Contact Name _____ Email Address buie@bellsouth.net
 Office Sought Southern District Constable 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 \$	+	\$	\$	\$
Total amount of disbursements \$	+	\$	\$	\$
Total amount of cash on hand			\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
[Signature] _____ Date 7-13-15

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 \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee

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

Name of Candidate 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	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. 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	\$
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	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. 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	\$