2019 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS 2019 Election

Delbert Hosemann
SECRETARY OF STATE

PIKE COUNTY, MISS.

S

OCT 1 0 2019

CIRCLIT CLERK

Name of Candidate Becky Buie	
Address 715 Burke Aneme City/Zip McComb 3964	18
Telephone (Work) 601-783-3362 (Home) 601-248-4619 (Fax) N/A	
Contact Name Becky Porce Email Address blowe - 2000 @ yahoo.com	
Office Sought Chancery Clerk Political Party (if any) Republican	
Check here if above is different from previous report	
TYPE OF REPORT	
May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019)	ry
June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019)	ry
July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019)	ry
July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019)	ry
August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019)Runoff Candidates On	ıly
October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019)	ry
October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019)	ry
November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019)Runoff Candidates Or	ıly
January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019)	ry
Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) Required to termina reporting obligations	

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use"

restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.

(5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018

JAN. 1, 2019 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 2666.77.	\$ Ø	\$ 2666.77	\$ 1311.14
TOTAL AMT OF DISBURSEMENTS	\$ 2406.77	\$ 260.00	\$2666.77.	\$ 73 11.14

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

Becky Brie	Oct 10, 2019
Signature of Candidate	Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov. Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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Name of Candidate	or Committee	edy Ponie	
Reporting period	July 1, 2019	through	September 30, 2019
			FCFIPTS

A. Source: Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 L 10	
Bechy Pouce	18/11/19	\$ 1623.52
Mailing Address		
715 Powle tre		\$
City, State, Zip Code		
Mc Corus, MS, 39648		\$
		Management of the state of the
Name of Employer (Required)		\$
Occupation (Required)		<u> </u>
	Aggregate	\$ 6521.89
	year-to-date	10001.87
B. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)	(Wo., Day, Tear)	this period
Full name		•
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Mailing Address		
		\$
City Chats Tire On the		
City, State, Zip Code		\$
		4 1
Name of Employer (Required)		\$
		Ψ [
Occupation (Required)	Aggregate	
	Aggicquic	
	year-to-date	\$
	year-to-date Date	Amount of each
	year-to-date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date	Amount of each
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C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date	Amount of each receipt this period
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C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) Aggregate	Amount of each receipt this period \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date	Amount of each receipt this period \$
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C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date	Amount of each receipt this period \$

Name of Candidate or Committee Becky Brue
through September 30, 2019

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Enterprise Journal	(Mo., Day, Year)	disbursement this period
Mailing Address		0 1-
Po foor 2009	9,27,19	\$ 100.00
City, State, Zip Code McComb, US 39648	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000.00
B. Full name A to 2 Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 633 Porsolway Blod	9,24,19	\$ 203.52
City, State, Zip Code Povolchaven, MS 39601	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 529.21
C. Full name Jele Sowth Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6311 Ridgeword Rd	9,11,19	\$ 480.00
City, State, Zip Code Jackson, MS 39211	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 480.00
D. Full name Southwest Poroadcashing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 Front Street	8,20,19	\$ 280,00
City, State, Zip Code Nc Comb, NS 39648	9,4,19	\$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 580.00
E. Full name Stewart Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2109 MS-48	817119	\$ 1043.25
City, State, Zip Code McComb, US 39648	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1043.25
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$