



Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election

RECEIVED

JUL 10 2019

Campaign Finance
MS Secretary of State

Name of Candidate BUTCH LEE
Address 129 RICHMOND DRIVE City/Zip BRANDON / 39042
Telephone (Work) 601.825.5021 (Home) 601.906.9169 (Fax) _____
Contact Name BUTCH LEE Email Address BLEE169@ATT.NET
Office Sought Central MS Transportation Commissioner 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) Mandatory
____ June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) Mandatory
✓ July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) Mandatory
____ July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) Mandatory
____ August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) Runoff Candidates Only
____ October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) Mandatory
____ October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) Mandatory
____ November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) Runoff Candidates Only
____ January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) Mandatory
____ 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 terminate 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.

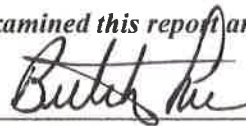
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED *PRIOR TO JANUARY 1, 2018***

JAN. 1, 2019 CASH ON HAND BALANCE				\$0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$0

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

JAN. 1, 2019 CASH ON HAND BALANCE				\$0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$9,250	\$599	\$9449	\$88,544
TOTAL AMT OF DISBURSEMENTS	\$2,533	\$60	\$2,593	\$28,841
CASH ON HAND BALANCE				\$59,703

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

7/10/19

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.

Name of Candidate or Committee BUTCH LEE CAMPAIGNReporting period JUNE 1, 2019 through JUNE 30, 2019**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name GREGORY W PAFFORD		<u>6 / 12 / 19</u>	\$ 5,000
Mailing Address 260 WIRE ROAD		<u> / / </u>	\$
City, State, Zip Code ARCADIA, LA 71001		<u> / / </u>	\$
Name of Employer (Required) PAFFORD EMS		<u> / / </u>	\$
Occupation (Required) VICE PRESIDENT - CEO		Aggregate year-to-date	\$ 5,000
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>LP</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name SUNRISE PARTNERS LP		<u>6 / 12 / 19</u>	\$ 500
Mailing Address 4 RIVER BEND PLACE, SUITE 110		<u> / / </u>	\$
City, State, Zip Code FLOWOOD, MS 39232-9710		<u> / / </u>	\$
Name of Employer (Required) SUNRISE PARTNERS, LP		<u> / / </u>	\$
Occupation (Required) REAL ESTATE DEVELOPER		Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name DAN FORDICE		<u>6 / 1 / 19</u>	\$ 500
Mailing Address 2500 DANA ROAD		<u> / / </u>	\$
City, State, Zip Code VICKSBURG, MS 39180		<u> / / </u>	\$
Name of Employer (Required) FORDICE CONSTRUCTION COMPANY		<u> / / </u>	\$
Occupation (Required) OWNER		Aggregate year-to-date	\$ 500
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN M. LYLE		<u>6 / 24 / 19</u>	\$ 1,000
Mailing Address 239 ROLLING MEADOWS ROAD		<u> / / </u>	\$
City, State, Zip Code RIDGELAND, MS 39157		<u> / / </u>	\$
Name of Employer (Required) LYLE MACHINERY		<u> / / </u>	\$
Occupation (Required) CHAIRMAN OF THE BOARD		Aggregate year-to-date	\$ 1,000

Name of Candidate or Committee BUTCH LEE CAMPAIGNReporting period JUNE 1, 2019 through JUNE 30, 2019**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MICHAEL BAKER INTERNATIONAL</u>		<u>6/20/19</u>	\$ <u>1,000</u>
Mailing Address <u>500 GRANT STREET, SUITE 5400</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>PITTSBURG, PA 15219</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) <u>LP</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC MISSISSIPPI</u>		<u>5/22/19</u>	\$ <u>1,000</u>
Mailing Address <u>PO BOX 1640</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39215-1640</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FRIENDS OF MIKE CHANEY</u>		<u>6/21/19</u>	\$ <u>250</u>
Mailing Address <u>115 HENRY ROAD</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>VICKSBURG, MS 39183</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee BUTCH LEE CAMPAIGNReporting period JUNE 1, 2019 through JUNE 30, 2019**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name VISA - CREDIT CARD PROCESSING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 114	5 / 22 / 19	\$ 102
City, State, Zip Code JACKSON, MS 39205-0114	6 / 14 / 19	\$ 631
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 733
B. Full name CLEAR POINT STRATEGIES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 55942	6 / 5 / 19	\$ 1,000
City, State, Zip Code JACKSON, MS 39296	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000
C. Full name MADISON COUNTY REPUBLICAN PARTY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 2201	6 / 10 / 19	\$ 800
City, State, Zip Code RIDGELAND, MS 39158	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 800
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	\$