



Michael Watson
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
September 22, 2020 Special Election



Name of Candidate Beth Brown
 Address 2741 Hwy 84 East City/Zip Brookhaven Ms 39601
 Telephone (Work) 601 833 9388 (Home) 601 823 3390 (Fax) 601 833 9495
 Contact Name Beth Email Address Bethb0415@gmail.com
 Office Sought STATE SENATE 39

Check here if above is different from previous report

TYPE OF REPORT

- September 15, 2020 Pre-Election Report (January 1, 2020 through September 12, 2020)Mandatory if Opposed
- October 6, 2020 Pre-Runoff Report (September 13, 2020 through October 3, 2020)Runoff Candidates Only
- January 29, 2021 Annual Report (January 1, 2020 through December 31, 2020)Mandatory
- Termination Report (Candidate 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 reports in the year in which they are to be elected.
- (2) 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.
- (3) Pre-Election Reports are mandatory if the candidate is opposed, 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.
- (4) 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).
- (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.

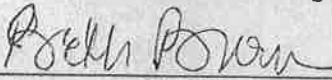
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN.1, 2020 CASH ON HAND BALANCE				\$ 00.00
	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**

JAN.1, 2020 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 8050	\$	\$ 6555.48	\$ 14605.48
TOTAL AMT OF DISBURSEMENTS	\$ 5994.27	\$	\$ 8611.21	\$ 14605.48
CASH ON HAND BALANCE				\$ 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

10/5/2020

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. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Legislative Office file this Report with the Secretary of State's Office located at 401 Mississippi Street, Jackson, MS 39201; mail to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2454; or emailed to CampaignFinance@sos.ms.gov.

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 Boeth Brown
 Reporting period 9/15 through 10/5/2020

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Elizabeth Brown</u>	<u>10/05/2020</u>	\$ <u>1055.48</u>
Mailing Address <u>2741 Hwy 84 East</u>	_ / _ / _	\$
City, State, Zip Code <u>Brookhaven, MS 39601</u>	_ / _ / _	\$
Name of Employer (Required) <u>BHW</u>	_ / _ / _	\$
Occupation (Required) <u>Nurse Practitioner</u>	Aggregate year-to-date	\$ <u>1255.48</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Beth Brown
 Reporting period 9/15 through 10/5/2020

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>TRUSTMARK BANK</u>	_ / _ / _	\$ <u>2.50</u>
Mailing Address <u>148 S. Whitworth Ave</u>	_ / _ / _	\$
City, State, Zip Code <u>Broadhaven MS 39601</u>	_ / _ / _	\$
Purpose of Disbursement (Optional) <u>Service Charge</u>	Aggregate Year-to-date	\$ <u>2.50</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Political Sourcing Group</u>	<u>10/5/2020</u>	\$ <u>6555.48</u>
Mailing Address <u>2138 Mickersham Lane</u>	_ / _ / _	\$
City, State, Zip Code <u>Germanatow, TN 38139</u>	_ / _ / _	\$
Purpose of Disbursement (Optional) <u>Mail, Texts, Yard Signs</u>	Aggregate Year-to-date	\$ <u>12549.75</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Elizabeth Brown</u>	<u>10/5/2020</u>	\$
Mailing Address <u>274 Hwy 84 EAST</u>	_ / _ / _	\$
City, State, Zip Code <u>Broadhaven, MS 39601</u>	_ / _ / _	\$
Purpose of Disbursement (Optional) <u>Loan Payment</u>	Aggregate Year-to-date	\$ <u>2053.23</u>
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	\$