

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report



Name of Candidate Becky Currie  
 Address 407 Almond Dr Brookhaven, MS Lincoln  
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 Office Sought House of Rep District 92 Email Address bcurrie@house.ms.gov

Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory  
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

- IMPORTANT**
- (1) Annual 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 the reporting period.
  - (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
  - (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 17,000.00	\$ 0	\$ 1,700.00
Total amount of disbursements	\$ 5,345.52	\$ 0	\$ 5,345.52
<b>Total amount of cash on hand</b>		<b>\$ 17,367.50</b>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Becky Currie Signature of Candidate      1-31-17 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
  2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
  3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Becky Currie  
 Reporting period 1-1-16 through 12-31-16

## ITEMIZED DISBURSEMENTS

A. Full name <u>Conservative Coalition</u>	Date (Mo., Day, Year) <u>1/18/16</u>	Amount of each disbursement this period <u>\$ 50.00</u>
Mailing Address <u>400 High St</u>	<u>1/18/16</u>	\$ <u>50.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>Dues</u>	Aggregate Year-to-date	\$ <u>50.00</u>
B. Full name <u>MS Sportsman CAUCUS</u>	Date (Mo., Day, Year) <u>4/19/16</u>	Amount of each disbursement this period <u>\$ 100.00</u>
Mailing Address <u>400 High St</u>	<u>4/19/16</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name <u>Lincoln County Republican Women</u>	Date (Mo., Day, Year) <u>3/10/16</u>	Amount of each disbursement this period <u>\$ 190.00</u>
Mailing Address <u>105 Noble Dr</u>	<u>3/10/16</u>	\$ <u>190.00</u>
City, State, Zip Code <u>Brookhaven, MS 39601</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>190.00</u>
D. Full name <u>MS State GOP</u>	Date (Mo., Day, Year) <u>5/13/16</u>	Amount of each disbursement this period <u>\$ 200.00</u>
Mailing Address <u>415 Yazoo St</u>	<u>5/13/16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>For State Convention</u>	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name <u>Hotel of Jackson</u>	Date (Mo., Day, Year) <u>5/17/16</u>	Amount of each disbursement this period <u>\$ 214.18</u>
Mailing Address <u>1001 Countyline Rd</u>	<u>5/17/16</u>	\$ <u>214.18</u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>lodging for State Convention</u>	Aggregate Year-to-date	\$ <u>214.18</u>
F. Full name <u>Committee to Elect Donald Trump</u>	Date (Mo., Day, Year) <u>6/6/16</u>	Amount of each disbursement this period <u>\$ 200.00</u>
Mailing Address <u>Trump Tower</u>	<u>6/6/16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>New York-New York 10022</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Rebecky Currie  
 Reporting period 1-1-16 through 12-31-16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>United Airlines</u>	<u>5/27/16</u>	\$ <u>822.41</u>
Mailing Address <u>233 S. Wacker St</u>		
City, State, Zip Code <u>Chicago IL 60606</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Airfare for National Convention</u>	Aggregate Year-to-date	\$ <u>822.41</u>
B. Full name <u>Brookhaven Lion Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>204 Hwy 51</u>	<u>6/7/16</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Brookhaven Ms 39601</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name <u>Ms State GOP</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>415 Yazoo St</u>	<u>5/25/16</u>	\$ <u>400.00</u>
City, State, Zip Code <u>Jackson Ms 39201</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Registration for National Convention</u>	Aggregate Year-to-date	\$ <u>600.00</u>
D. Full name <u>Lincoln County Republican Women</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>105 Noble Dr</u>	<u>6/9/16</u>	\$ <u>67.00</u>
City, State, Zip Code <u>Brookhaven Ms 39601</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>67.00</u>
E. Full name <u>Hotel Cleveland Office</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>100 Lakeside Ave</u>	<u>7/24/16</u>	\$ <u>2,303.68</u>
City, State, Zip Code <u>Cleveland Ohio</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Jobs for National Convention</u>	Aggregate Year-to-date	\$ <u>2,303.68</u>
F. Full name <u>USPS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>201 Cherokee St</u>	<u>8/17/16</u>	\$ <u>47.00</u>
City, State, Zip Code <u>Brookhaven Ms 39601</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Postage</u>	Aggregate Year-to-date	\$ <u>47.00</u>

Name of Candidate or Committee Realy Currie  
 Reporting period 1-1-16 through 12-31-16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Quality Deer Management	8/17/16	\$ 75. <sup>00</sup>
Mailing Address 52 Oak Hill		
City, State, Zip Code Brookhaven, Ms 39601	__/__/__	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 75. <sup>00</sup>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Greg Harper	9/18/16	\$ 100. <sup>00</sup>
Mailing Address 2507 Old Brandon RD		
City, State, Zip Code Pearl Ms 39208	__/__/__	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 100. <sup>00</sup>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MR Charley's Fun shop	12/21/16	\$ 300. <sup>00</sup>
Mailing Address 1221 Hwy 51 Brookhaven Ms		
City, State, Zip Code 39601	__/__/__	\$
Purpose of Disbursement (Optional) Train for Christmas Parade	Aggregate Year-to-date	\$ 300. <sup>00</sup>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Walmart	12/21/16	\$ 76. <sup>25</sup>
Mailing Address 960 Brookway Blvd		
City, State, Zip Code Brookhaven, Ms 39601	__/__/__	\$
Purpose of Disbursement (Optional) Cards for Christmas Parade	Aggregate Year-to-date	\$ 76. <sup>22</sup>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brookhaven Animal Rescue League	10/24/16	\$ 100. <sup>00</sup>
Mailing Address 501 N Park Lane		
City, State, Zip Code Brookhaven Ms 39601	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100. <sup>00</sup>
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	\$

Name of Candidate or Committee Betsy C

Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>At st</u>	<u>10/17/16</u>	\$ <u>200.00</u>
Mailing Address <u>111 E Capitol St</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson Mo 39201</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>Baker Donaldson</u>	<u>12/21/16</u>	\$ <u>500.00</u>
Mailing Address <u>4268 I-55</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, Mo 39211</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Monsant</u>	<u>8/17/16</u>	\$ <u>250.00</u>
Mailing Address <u>800 W Lindbergh DR</u>	□/□/□	\$ _____
City, State, Zip Code <u>St Louis MO 63167</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>MS Home Care Ass</u>	<u>11/29/16</u>	\$ <u>250.00</u>
Mailing Address <u>134 Fairmont St</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, Mo 39111</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Becky Curran  
 Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Rehab Center of Magee</u>	<u>9/9/16</u>	\$ <u>500.00</u>
Mailing Address <u>100 A Jadek DR</u>		\$ _____
City, State, Zip Code <u>Magee Mo 39111</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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	\$ _____