



REPORT OF RECEIPTS AND DISBURSEMENTS
011 Election



Name of Candidate Joe Bie
 Address 506 Highland Drive County Hancock
 Telephone Work 228 467 8005 Home 228 323 4975 Fax 228 467 8009
 Contact Name Joe Bie Email Address bie.fur.sen@ms46@gmail.com
 Office Sought STATE SENATOR 46 Political Party DEMOCRAT

- Check here if above is different from previous report
- May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011).....Mandatory
 - June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011).....Mandatory
 - July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011).....Mandatory
 - July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011).....Primary Candidates
 - August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011).....Runoff Candidates Only
 - October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011).....Mandatory
 - November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011).....Mandatory
 - November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011).....Runoff Candidates only
 - January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011).....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 receiving authority 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	2487.00	\$ 492.00	\$ 2979.00
Total amount of disbursements \$	200.00	\$ 908.42	\$ 2989.00
Total amount of cash on hand		\$ 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

Date

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: 1. 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 39206 or fax to 601-359-1499 or 601-578-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Joe Biel
 Reporting period 10/24/2011 through 12/31/2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>GOLF RATTLE</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GOLF RATTLE</u>	<u>12 10 2011</u>	\$ <u>492.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>492.00</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) _____		
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) _____		
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) _____		
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Joe Byle
 Reporting period 10/24/2011 through 12/31/2011

ITEMIZED DISBURSEMENTS

A. Full name <u>William P.T. BAC</u>	Date (Mo., Day, Year) <u>11/02/2011</u>	Amount of each disbursement this period \$ <u>125.00</u>
Mailing Address <u>Bay St. Louis MS 39520</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bay St. Louis MS 39520</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>BAC Fund Raiser</u>	Aggregate Year-to-date	\$ <u>125.00</u>
B. Full name <u>Southern Printing</u>	Date (Mo., Day, Year) <u>12/12/2011</u>	Amount of each disbursement this period \$ <u>783.42</u>
Mailing Address <u>Miss Christian / MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Miss Christian / MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>886.94</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$