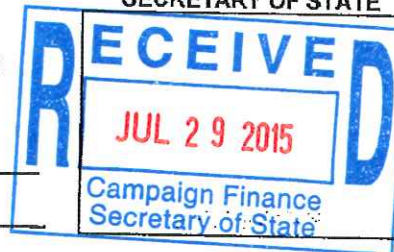


2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Delbert Hosemann
SECRETARY OF STATE



Name of Candidate Samuel Lee Begley
Address 854 North Jefferson St Jackson, MS 39202 County Hinds
Telephone (Work) 6019695545 (Home) 6013559424 (Fax)
Contact Name Sam Begley Email Address sambegley@gmail.com
Office Sought MS House of Rep District 70 Political Party Democratic

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) Mandatory
X July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandatory
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) Mandatory
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) 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 Secretary of State 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

Table with 4 columns: Itemized, Non-Itemized, This Period, Calendar year-to-date. Rows include Total amount of contributions, Total amount of disbursements, and Total amount of cash on hand.

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: Samuel Lee Begley
Date: 7/28/15

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 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Samuel Lee Begley

Reporting period July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name		
Mike Espy	7 / 20 / 15	\$ 250.00
Mailing Address		
317 E. Capitol St Suite 101		\$ _____
City, State, Zip Code		
Jackson, MS 39201		\$ _____
Name of Employer (Required)		
self		\$ _____
Occupation (Required)		
attorney		\$ _____
	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
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 Samuel Lee Begley

Reporting period July 1, 2015 through July 25, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WRM-FM	7 / 15 / 15	\$ 650.00
Mailing Address		
PO Box 9734		
City, State, Zip Code		
Ridgeland, MS 39157		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 650.00
radio ads		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Studio Chane	7 / 20 / 15	\$ 186.84
Mailing Address		
2906 N. State St., #103		
City, State, Zip Code		
Jackson, MS 39216		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 389.52
T shirts		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
James Warren	7 / 7 / 15	\$ 3,200.00
Mailing Address		
410 N. Farish St		
City, State, Zip Code		
Jackson, MS 39202	7 / 16 / 15	\$ 1600.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,600.00
canvassing		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chism Strategies	7 / 15 / 15	\$ 2918.00
Mailing Address		
2906 N. State St, Suite 302		
City, State, Zip Code		
Jackson, MS 39216	7 / 20 / 15	\$ 6030.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,335.38
reimbursement for Jackson Free Press ad, campaign materials; voter contact services including mailer		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Classic Printing	7 / 15 / 15	\$ 1320.00
Mailing Address		
418 North Farish Street		
City, State, Zip Code		
Jackson, MS 39202		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1320.00
printing of campaign handbills		
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	\$