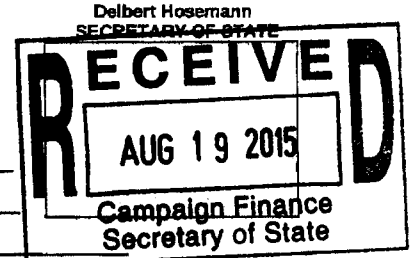


2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate SAMUEL LEE BEBLEY
Address 514 N. TROFFENBURG ST DEN 35202 County Hinds
Telephone (Work) 601 969 5547 (Home) _____ (Fax) _____
Contact Name Sambley Email Address sambley@hinds.ms.gov
Office Sought HD 70 Political Party Democrat

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
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandatory
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandatory
- October 27, 2015 Pre-Election Report Mandatory
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- 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

Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$7300	+\$ 3825	\$ 11,125	\$ 38,331
Total amount of disbursements \$5600	+\$ 450	\$ 6,050	\$ 29,780.04
Total amount of cash on hand		\$ 5,075.00	

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 Bebley

Date 8/18/15

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 138, 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 7/26/11 through 8/11/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>David Russell</u>		<u>8/12/11</u>	\$ <u>100.00</u>
Mailing Address <u>PO Box 4795</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39256</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>McMahon Working Partners Executive</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Diane O'Neil</u>		<u>8/12/11</u>	\$ <u>250.00</u>
Mailing Address <u>205 Winged Foot Circle</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Metre Jackson Chamber Administrator</u>		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Charles Lindray</u>		<u>8/11/11</u>	\$ <u>100.00</u>
Mailing Address <u>1256 Belvoir Place</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>McMahon, Connor + Lindray CPA</u>		Aggregate year-to-date	\$ <u>100.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Sandra WELCH</u>		<u>8/12/11</u>	\$ <u>500.00</u>
Mailing Address <u>331 Bellame Place</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>McMahon Residential Executive</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee SAMUEL LEE BEGLEY
 Reporting period 7/26/15 through 8/15/15
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	<u>Richard H. Mulpus</u>	<u>8/15/15</u>	\$ <u>500.00</u>
Mailing Address	<u>558 North St.</u>		
City, State, Zip Code	<u>Jackson, MS 39202</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<u>Mulpus Woodlands</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>executive</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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	<u>MISS. Pharmacy PAC</u>	<u>8/17/15</u>	\$ <u>1,000.00</u>
Mailing Address	<u>341 Edgewood Terrace Drive</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39206</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>John Mcbruan</u>	<u>8/17/15</u>	\$ <u>1,000.00</u>
Mailing Address	<u>PO Box 5505</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Jackson MS 39296</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<u>Mcbruan Marketing Partners</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>executive</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>			
Full name	<u>Ladew + Tyler, PLLC</u>	<u>8/17/15</u>	\$ <u>500.00</u>
Mailing Address	<u>3935 Roxbury Rd</u>		
City, State, Zip Code	<u>Jackson, MS 39211</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>1,500.00</u>

Name of Candidate or Committee SAMUEL LEE BEGLEY
 Reporting period 7/26/11 through 8/15/11

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>MARKLAND COMPANY</u>		<u>7/25/11</u>	\$ <u>300.00</u>
Mailing Address <u>1110 POPLAR BLVD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input checked="" 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 <u>BARALU, LLC</u>		<u>7/25/11</u>	\$ <u>250.00</u>
Mailing Address <u>4 FOUSTON, SUITE 221</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>CHRIS LOURAS</u>		<u>7/25/11</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1465</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Richland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>consultant</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>P.A.</u>			
Full name <u>Simplex + Thrash</u>		<u>7/25/11</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 587</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee SAMUEL LEE BULLOCK
 Reporting period 7/26/11 through 8/11/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>J Kane D. Hu</u>	8/12/11	\$ 200.00
Mailing Address	<u>PO Box 17921</u>	<u>8/12/11</u>	<u>\$ 200.00</u>
City, State, Zip Code	<u>Jackson, MS 39236</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<u>State Street Properties</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>President</u>	Aggregate year-to-date	<u>\$ 200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>Samuel L. Warren</u>	<u>8/12/11</u>	<u>\$ 150.00</u>
Mailing Address	<u>P.O. Box 1001</u>	<u>8/12/11</u>	<u>\$ 200.00</u>
City, State, Zip Code	<u>Jackson MS 39211</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<u>Carl Warren Perkor</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>PHYSICIAN</u>	Aggregate year-to-date	<u>\$ 700.00</u>
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	<u>Kieth Turner</u>	<u>7/31/11</u>	<u>\$ 300.00</u>
Mailing Address	<u>2 Eastmont Place</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39211</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<u>Walker + Edge</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>attorney</u>	Aggregate year-to-date	<u>\$ 300.00</u>
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	<u>George Schenck</u>	8/12/11	\$ 200.00
Mailing Address	<u>3630 Kings Highway</u>	<u>8/12/11</u>	<u>\$ 200.00</u>
City, State, Zip Code	<u>Jackson, MS 39216</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<u>retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>retired</u>	Aggregate year-to-date	<u>\$ 400.00</u>

Name of Candidate or Committee SAMUEL LEE RUSSELL
Reporting period 7/26/11 through 8/1/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>Marshall Bennett</u>	<u>8/1/11</u>	\$ <u>200.00</u>
Mailing Address	<u>PO Box 421</u>	<u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39201</u>	<u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	<u>Wolf Rapper</u>	<u>1</u> <u>1</u>	\$ _____
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>Kevin Johnson</u>	<u>8/1/11</u>	\$ <u>200.00</u>
Mailing Address	<u>1641 Hollman Dr.</u>	<u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39206</u>	<u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	<u>Becker Snow</u>	<u>1</u> <u>1</u>	\$ _____
Occupation (Required)	<u>Analyst</u>	Aggregate year-to-date	\$ <u>200.00</u>
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	<u>Peter Johnson</u>	<u>8/1/11</u>	\$ <u>150</u>
Mailing Address	<u>4239 North Thurgood Lane</u>	<u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39211</u>	<u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	<u>BKD Accountant</u>	<u>1</u> <u>1</u>	\$ _____
Occupation (Required)	<u>CPA</u>	Aggregate year-to-date	\$ <u>350.00</u>
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	<u>Al Seaman</u>	<u>8/1/11</u>	\$ <u>100.00</u>
Mailing Address	<u>1322 Hazel St</u>	<u>1</u> <u>1</u>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39202</u>	<u>1</u> <u>1</u>	\$ _____
Name of Employer (Required)	<u>JSU</u>	<u>1</u> <u>1</u>	\$ _____
Occupation (Required)	<u>educator</u>	Aggregate year-to-date	\$ <u>180.00</u>

Name of Candidate or Committee SAMUEL LEE BEGLEY
 Reporting period 7/26/15 through 7/26/15

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
<u>WMPA</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>8/17/15</u>	\$ <u>300.00</u>
<u>1014 Pecan Peak Circle</u>		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
<u>Jackson, MS 39209</u>		
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
B. Full name	Date	Amount of each
<u>Jamel Wooten</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>8/11/15</u>	\$ <u>5,000.00</u>
<u>410 N. Farish St.</u>		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
<u>Jackson, MS 39202</u>		
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
C. Full name	Date	Amount of each
<u>Mississippi Link</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>8/11/15</u>	\$ <u>300.00</u>
<u>2659 Livingston Rd</u>		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
<u>Jackson, MS 39213</u>		
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
D. Full name	Date	Amount of each
	(Mo., Day, Year)	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	Amount of each
	(Mo., Day, Year)	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	Amount of each
	(Mo., Day, Year)	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	