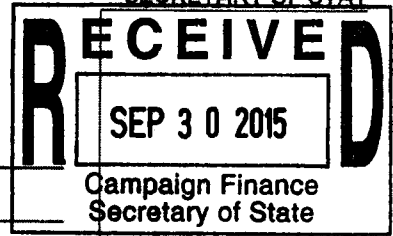


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Committee Committee to Elect James Samuel, House of Representatives, District 39
 Address 94 Crepe Myrtle County Lowndes
 Telephone 662-574-8747 Fax _____
 Treasurer James Samuel, Sr Email Address jsamuelsr@cableone.net

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**
(Primary Election Winners report October 1, 2015, through October 24, 2015) *All Candidates and Political Committees.*
(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 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	\$ 1165.00	+	\$ 500.00	\$ 1665.00	\$ 2515.00
Total amount of disbursements	\$ 1622.26	+		\$ 1622.26	\$ 1622.26
Total amount of cash on hand				\$ 953.47	

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 Director or Treasurer _____ Date 08/28/2015

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 James E. Samuel, SrReporting period 1 Sep 2015 through 9 October 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>JAMES E. & Glinde Samuel</u>		<u>08/26/15</u>	\$ <u>1,165⁰⁰</u>
Mailing Address <u>94 Crepe Myrtle</u>		<u>17/15/15</u>	\$ <u>400⁰⁰</u>
City, State, Zip Code <u>Columbus, MS 39705</u>		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Baptist Minister (unemployed) 100% DAV</u>		Aggregate year-to-date	\$ <u>1,565⁰⁰</u>
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 _____		<u> / / </u>	\$ <u> </u>
Mailing Address _____		<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> / / </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </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> / / </u>	\$ <u> </u>
Mailing Address _____		<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> / / </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </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) _____			
Full name _____		<u> / / </u>	\$ <u> </u>
Mailing Address _____		<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____		<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> / / </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,565⁰⁰</u>

Name of Candidate or Committee Committee to Elect James Samuel Dist #39
 Reporting period SEPT 1, 2015 through October 9, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
FACE BOOK.COM WEB PAGE	07/18/15	\$ 15. ⁰⁰
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 15. ⁰⁰
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
OFFICE DEPOT, Leigh Mall	08/18/15	\$ 19. ⁷⁴
Mailing Address		
1480 Old Aberdeen Rd.	08/22/15	\$ 34. ⁴⁶
City, State, Zip Code		
Columbus, MS 39704	Aggregate Year-to-date	\$ 54. ⁴⁰
Purpose of Disbursement (Optional)		
Printing and Supplies		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Columbus-Lowndes Tax Collector/Circuit Clerk	08/27/15	\$ 30. ⁰⁰
Mailing Address		
501 2 nd Avenue No (CASH)		
City, State, Zip Code		
Columbus MS 39701	Aggregate Year-to-date	\$ 30. ⁰⁰ XX
Purpose of Disbursement (Optional)		
Copy of Voting Roll Labels		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Party Paper/Kwik Kopy # (10994) XX	8/31/15	\$ 109. ⁹⁴
Mailing Address		
216 5 th St So		
City, State, Zip Code		
Columbus, MS 39701	Aggregate Year-to-date	\$ 109. ⁹⁴ XX
Purpose of Disbursement (Optional)		
Printing		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
United States Postal Service (DEBIT) CASH	9/15/15	\$ 19. ⁶⁰
Mailing Address		
Bluecutt Rd.		
City, State, Zip Code		
Columbus, MS 39705	Aggregate Year-to-date	\$ 19. ⁶⁰ XX
Purpose of Disbursement (Optional)		
One of A kind Printing		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	9/26/15	\$ 200. ⁰⁰ XX
Mailing Address		
203 North Browder St	9/27/15	\$ 228. ⁰⁰ XX
City, State, Zip Code		
Columbus, MS 39701	Aggregate Year-to-date	\$ 428. ⁰⁰ XX
Purpose of Disbursement (Optional)		
Sign Printing and Stands		

Name of Candidate or Committee Com. to Elect James Samuel, Dist. #39
 Reporting period SEPT 1, 2015 through Oct 9, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Commercial Dispatch Newspaper</u>	Date (Mo., Day, Year) <u>9 / 27 / 2015</u>	Amount of each disbursement this period \$ <u>965 ³²/_{KK}</u>
Mailing Address <u>P.O. Box 511</u>		
City, State, Zip Code <u>Columbus, MS 39701</u>	_ / _ / _	\$
Purpose of Disbursement (Optional) <u>Campaign Advertisement</u>	Aggregate Year-to-date	\$ <u>965 ³²/_{KK}</u>
B. 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	\$
C. 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	\$
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	\$ <u>1,622 ²⁶/_{KK}</u>