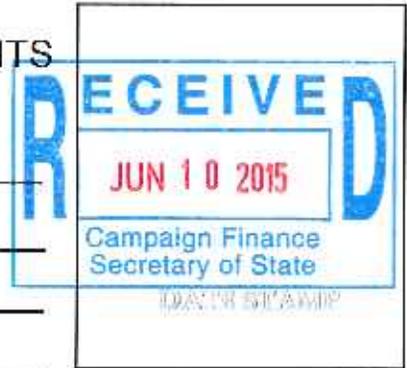


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee Better Schools Better Jobs
 Address 599-C Steed Road
 Telephone 601-898-8875 Fax 601-898-2983
 Director _____ Treasurer Charles Lindsay

Check here if above is different from previous report

TYPE OF REPORT

May _____, 2015 Monthly Report (due 10th of following Month)..... **Mandatory**
 (Month)

_____ **Termination Report** (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) 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 last 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	\$ 240,000.00 + \$ -0-	\$ 240,000.00	\$ 1,193,000.00
Total amount of disbursements	\$ 90,516.55 + \$ -0-	\$ 90,516.55	\$ 641,558.61
Total amount of cash on hand		\$ 551,441.39	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Charles Lindsay
Signature of Director or Treasurer

6 June 15
Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (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. 23-15-813 (1972).

SEND TO:
 Political Committees and Individuals should return this form to
 Secretary of State, Elections Division
 P. O. Box 136
 Jackson, MS 39205
 Or fax to 601-576-2545

Name of Candidate or Committee Better Schools Better JobsReporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Patsy Brumfield	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 924 Poplar Boulevard	<u>5</u> / <u>13</u> / <u>15</u>	\$ 252.23
City, State, Zip Code Jackson, MS 39202	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 298.68
B. Full name Performance Pros	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 16 North Town Square, #102	<u>5</u> / <u>13</u> / <u>15</u>	\$ 200.00
City, State, Zip Code Jackson, MS 39216	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 955.54
C. Full name Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>1</u> / <u>15</u>	\$ 15.00
City, State, Zip Code Jackson, MS 39201	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 15.00
D. Full name MS Municipal League	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 600 East Amite Street, Suite 104	<u>5</u> / <u>4</u> / <u>15</u>	\$ 550.00
City, State, Zip Code Jackson, MS 39201	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 550.00
E. Full name MS Superintendents Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 555 Tombigbee Street, #107	<u>5</u> / <u>18</u> / <u>15</u>	\$ 1,600.00
City, State, Zip Code Jackson, MS 39201	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,600.00
F. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5260 I-55 North	<u>5</u> / <u>13</u> / <u>15</u>	\$ 391.61
City, State, Zip Code Jackson, MS 39211	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,914.01

Name of Candidate or Committee Better Schools Better JobsReporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Sloan Toler	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4055 Lastwood Drive	5 / 4 / 15	\$ 96.10
City, State, Zip Code Jackson, MS 39211	5 / 13 / 15	\$ 488.93
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,096.05
B. Full name Berger Hirschberg Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1010 Vermont Avenue, NW	5 / 13 / 15	\$ 11,250.00
City, State, Zip Code Washington, DC 20005	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 11,250.00
C. Full name Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 6100	5 / 4 / 15	\$ 1,121.36
City, State, Zip Code Hidgeland, MS 39158	5 / 22 / 15	\$ 572.45
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,693.81
D. Full name Amber Thomas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1522 Luter Lane	5 / 13 / 15	\$ 19.60
City, State, Zip Code Jackson, MS 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 265.90
E. Full name Fortification East, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 388 Highland Colony Parkway	5 / 13 / 15	\$ 332.13
City, State, Zip Code Hidgeland, MS 39157	5 / 29 / 15	\$ 2,154.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 12,456.77
F. Full name Comcast	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5355 I-55 North	5 / 22 / 15	\$ 280.12
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,345.75

Name of Candidate or Committee Better Schools Better JobsReporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name Ricoh	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 386-A Highland Colony Parkway	5 / 13 / 15	\$ 254.05
City, State, Zip Code Ridgeland, MS 39157	5 / 26 / 15	\$ 485.39
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,723.55
B. Full name V88 Deslgn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 216 Highland Garrison	5 / 13 / 15	\$ 400.00
City, State, Zip Code Ridgeland, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,975.00
C. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1053 E. County Line Road	5 / 18 / 15	\$ 132.78
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 535.58
D. Full name Wholesale Service Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7300 Turfway Drive	5 / 28 / 15	\$ 69,747.08
City, State, Zip Code Florence, KY 41042	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 309,533.99
E. Full name JURI, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 13836	5 / 26 / 15	\$ 173.72
City, State, Zip Code Jackson, MS 39235	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,316.76
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 Better Schools Better Jobs
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>Southern Education Foundation</u>	<u>5</u> / <u>1</u> / <u>15</u>	\$ <u>240,000</u>
Mailing Address <u>135 Auburn Avenue, NE</u>	/ /	\$
City, State, Zip Code <u>Atlanta, GA 30303</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>480,000.00</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	\$