CELVE

# Political Committee REPORT OF RECEIPTS AND DISBURSEMENT Initiative Monthly Report

	Initiative Monthly Report		
Improve Mississ Name of Committee	sippi Political Initiative Committee	h	NOV 1 0 2015
Address P. O. Box 23021, Jackson, MS	39225-3021		Campaign Finance Secretary of State
Telephone 601.353,4941	Fax NA	L	
Director Van White	Treasurer Van White	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	
Check here if above is dif	fferent from previous report		
	TYPE OF REPORT		
October, 2015	Monthly Report (due 10 <sup>th</sup> of following Month)	e , * * * * * * * * * * * * * *	Mandatory
Termination Report (Committee make expenditures and has no outstan	ee or Individual will no longer accept contributions or ading campaign debt obligation)		ired to terminate reporting ations

#### 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	\$851,500.00 +\$0.00	\$ 851,500.00	<b>\$</b> 1,051,600.00
Total amount of disbursements	\$844,396.10 + \$ 204.95	\$ 844,601.05	\$ 844,751.21
Total amount of cash on hand		\$ 206,848.79	
I certify that I have examined th		knowledge and belief it i	s true, accurate, and complete.
Signature of Director o	r Treasurer	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

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Name of Candidate or Committee	Improve Mississippi Political Initiative Committee
Reporting period 10/01/15	through 10/31/15

A. Source: Corporation PAC Individual Loan Other (please specify) Campaign Fund	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 06 / 15	\$ 2,000.00
Committee to Re-Elect Sam C. Mims, V	111 / 111 /	<b>V</b> [2,000.00
Mailing Address		s -
605 Lakeshore Dr.		* !
City, State, Zip Code		s
McComb, MS 39648		*
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$ 2,000,00
B. Source: Corporation PAC Individual Loan  Other (please specify) Campaign Fund	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	r	
Greq Snowden Campaign	10 / 06 / 15	\$ 5,000.00
Mailing Address		
P. O. Box 3807	<u> </u>	\$
City, State, Zip Code	r	
Meridian, MS 39303-3807	1_1_1_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 5,000,00
	year-to-date	\$ 5,000.00
	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify) Trade Association	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Trade Association Full name	Date (Mo., Day, Year)	receipt this period
Other (please specify) Trade Association	Date (Mo., Day, Year)	receipt this period
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Trade Association  Eull name Mississippi Petroleum Marketers & Convenience Stores Association  Meiling Address P. O. Drawer 3859	Date (Mo., Day, Year)	receipt this period
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207	Date (Mo., Day, Year)	receipt this period  \$ [5,000.00]
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ [5,000.00]
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207	Date (Mo., Day, Year)	receipt this period  \$ [5,000.00]  \$ [
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period  \$ [5,000.00]  \$ [
Other (please specify) Trade Association  Full name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  D. Source:  Corporation PAC Individual Loan	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date (Mo., Day, Year)	receipt this period  \$ 5,000.00  \$ 5 5,000.00  Amount of each receipt this period
Other (please specify) Trade Association  Euil name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  D. Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date Date	receipt this period  \$ 5,000.00  \$ 5  \$ 5,000.00  Amount of each receipt
Other (please specify) Trade Association  Euil name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  D. Source:  Corporation PAC Individual Loan  Other (please specify)  Full name Industrial Electric Motor Works, Inc  Mailing Address	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date (Mo., Day, Year)	receipt this period  \$ 5,000.00  \$ 5 5,000.00  Amount of each receipt this period
Other (please specify) Trade Association  Euil name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  D. Source:  Corporation PAC Individual Loan  Other (please specify)  Full name Industrial Electric Motor Works, Inc  Mailing Address P. O. Box 638	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date (Mo., Day, Year)	receipt this period  \$ 5,000.00  \$ 5,000.00  Amount of each receipt this period  \$ 2,500.00  \$ 7
Other (please specify) Trade Association  Euil name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name Industrial Electric Motor Works, Inc  Mailing Address P. O. Box 638  City, State, Zip Code	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date (Mo., Day, Year)	receipt this period  \$ 5,000.00  \$ 5,000.00  Amount of each receipt this period  \$ 2,500.00
Other (please specify) Trade Association  Euil name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  D. Source:  Corporation PAC Individual Loan  Other (please specify)  Full name Industrial Electric Motor Works, Inc  Mailing Address P. O. Box 638	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date (Mo., Day, Year)	receipt this period  \$ 5,000.00  \$ 5,000.00  Amount of each receipt this period  \$ 2,500.00  \$ 7
Other (please specify) Trade Association  Euli name Mississippi Petroleum Marketers & Convenience Stores Association  Mailing Address P. O. Drawer 3859  City, State, Zip Code  Jackson, MS 39207  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name Industrial Electric Motor Works, Inc  Mailing Address P. O. Box 638  City, State, Zip Code  Marion, MS 39342-0638	Date (Mo., Day, Year)  10 / D6 / 15  1 / 1  Aggregate year-to-date (Mo., Day, Year)	receipt this period  \$ 5,000.00  \$ 5,000.00  Amount of each receipt this period  \$ 2,500.00  \$ 1

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Name of Candidate or Committee	Improve Mississippi Political Initiative Committee
Reporting period 10/01/15	through 10/31/15

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	10 / 14 / 15	\$ 5,000.00
Mississippi Concrete Industries Association Political Action Committee		♥ 15,000,00
Mailing Address		s
6700 Old Canton Road, Suite K		<u> </u>
City, State, Zip Code		\$
Ridgeland, MS 39157	l ' '	4
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 5,000.00
B. Source: Corporation 7 PAC Individual Loan	year-to-date	`
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<del> </del>	•
Mississippi Manufacturers Association Political Action Committee	10 / 14 / 15	\$ 25,000.00
Mailing Address		
720 N President St.		\$ [
City, State, Zip Code	<del> </del>	_
Jackson, MS 39202	<u>                                     </u>	\$
Name of Employer (Required)	<del>                                      </del>	
	\ \ \frac{1}{} \land \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$
Occupation (Required)	Aggregate year-to-date	\$ 50,000.00
C. Source Corporation 7 PAC Individual Loan	705, 10 000	A
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
The WatchDog PAC	10 / 14 / 15	\$ 24,000.00
Mailing Address		_
P. O. Box 23	10 / 19 / 15	\$ 25,000.00
City, State, Zip Code	[ ] . [ ] . [ ] . [ ] . [ ]	* P
Jackson, MS 39205	10 / 27 / 15	\$ 40,000.00
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 90,000.00
	year-to-date	<u> </u>
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
RSLC - Mississippi PAC	10 / 15 / 15	\$ 200,000.co
Mailing Address	10 / 22 / 15	*
1201 F Street, NW, Suite 675	10 / 22 / 15	\$ 200,000.00
City, State, Zip Code	10 /30 / 15	£ [244.55===
Washington, DC 20004	10 /10 /13	\$ 200,000.00
Name of Employer (Roquired)		\$
Occupation (Required)	Aggregate year-to-date	\$ 600,000.00

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Name of Candidate or Committee	Improve Mississippi Political Initiative Committee
Reporting period 10/01/15	through 10/31/15

Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Tourism Mississippi PAC	10 /16 /15	
Mailing Address	110 / 110 / 113	\$ 5,000.00
		_
103 W. Washington St., Ste 86 City, State, Zip Code	1	\$
	, , , , , , , , , , , , , , , , , , ,	***************************************
Ridgeland, MS 39157	111	\$
Name of Employer (Required)		
000000000000000000000000000000000000000	\ <u>\/\/\_</u>	\$
Occupation (Required)	Aggregate	\$ 5,000.00
B. Source: Corporation 7 PAC Individual Loan	year-to-date	4 (3,000.00
B. Source: Corporation V PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Mississippi Association of Realtors Political Action Committee	10 /16 /15	\$ 25,000,00
Mailing Address		+ 123,000.00
P. O. 80x 321000		\$
	1 — ' — ' — '	<b>*</b> 1
City, State, Zip Code		4
Flowood, MS 39232	' ' '	\$
Name of Employer (Required)		
	<u>                                     </u>	\$
Occupation (Required)	Aggregate	e -
	year-to-date	\$ 50.000.00
C. Source Corporation V PAC Individual Loan		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)		receipt
Other (please specify)  Full name  Mississippi Bankers Association Political Action Committee  Mailing Address	(Mo., Day, Year)	receipt this period \$ \[ \frac{25,000.00}{} \]
Other (please specify)  Full name  Mississippi Bankers Association Political Action Committee  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091	(Mo., Day, Year)	receipt this period \$ [25,000,00]
Other (please specify)	(Mo., Day, Year)	receipt this period \$ \[ \frac{25,000.00}{} \]
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215	(Mo., Day, Year)	receipt this period  \$ [25,000,00]  \$
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ [25,000,00]
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)	(Mo., Day, Year)  10 / 16 / 15  1 / 1 / 1  1 / 1 / 1  Aggregate	receipt this period  \$ [25,000,00]  \$
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ [ \$ 50,000,00]
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan    Other (please specify)	(Mo., Day, Year)  10 / 16 / 15  1 / 1 / 1  1 / 1 / 1  Aggregate	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ 50,000,00]  Amount of each receipt
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan    Other (please specify)	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 25,000,00  \$ 50,000,00  Amount of each receipt this period
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  O. Source: Corporation   PAC   Individual   Loan    Other (please specify)  Full name  Friends of Phil Bryant	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  Date	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ 50,000,00]  Amount of each receipt
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  O. Source: Corporation   PAC   Individual   Loan    Other (please specify)  Full name  Friends of Phil Bryant  Mailing Address	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ 50,000,00]  Amount of each receipt this period  \$ [ \$ [ \$ [ \$ 10,000,00]  }
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailling Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Friends of Phil Bryant  Mailing Address P. O. 8ox 321226	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 25,000,00  \$ 50,000,00  Amount of each receipt this period
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailling Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan    Other (please specify)  Full name  Friends of Phil Bryant  Mailing Address P. O. 8ox 321226  City, State, Zip Code	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ 50,000,00]  Amount of each receipt this period  \$ [10,000,00]  \$ [10,000,00]
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailing Address P. O. Box 1091  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation  PAC Individual Loan  Other (please specify)  Full name  Friends of Phil Bryant  Mailing Address P. O. 8ox 321226  City, State, Zip Code  Flowcod, MS 39225	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ 50,000,00]  Amount of each receipt this period  \$ [ \$ [ \$ [ \$ 10,000,00]  }
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailling Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC Individual Loan    Other (please specify)  Full name  Friends of Phil Bryant  Mailing Address P. O. 8ox 321226  City, State, Zip Code  Flowcod, MS 39225	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ 25,000,000  \$ 5 50,000,000  Amount of each receipt this period  \$ 10,000,000  \$ 10,000,000
Other (please specify)  Full name Mississippi Bankers Association Political Action Committee  Mailling Address P. O. Box 1091  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan    Other (please specify)  Full name  Friends of Phil Bryant  Mailing Address P. O. 8ox 321226  City, State, Zip Code	(Mo., Day, Year)  10 / 16 / 15  1 / 1  Aggregate year-to-date  (Mo., Day, Year)	receipt this period  \$ [25,000,00]  \$ [ \$ [ \$ [ \$ 50,000,00]  Amount of each receipt this period  \$ [10,000,00]  \$ [10,000,00]

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Name of Candidate or Committee	Improve Mississippi Political Initiative Committee
Reporting period 10/01/15	through 10/31/15

A. Source: Corporation 7 PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(mo., Day, rear,	this period
Full name	10 / 19 / 15	\$ 5,000.00
Mississippi Medical Political Action Committee		1 2000000
Mailing Address		s
P. O. Box 2548		
City, State, Zip Code		\$
Ridgeland, MS 39158		
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	\$ 5,000.00
	year-to-date	<b>▼</b> [5,000,00
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,)	this period
Full name	10 / 20 / 15	\$ 25,000.00
Contractors PAC - MS Assoc Builders & Contractors, Inc.		+ J25,W/W
Mailing Address		\$
P. O. Box 16522	1 1 1 1	• • • • • • • • • • • • • • • • • • •
City, State, Zip Code	T	<b>*</b> :
Flowood, MS 39236	1 / / 1 / 1 / 1	\$
Name of Employer (Required)	<del> </del>	\$
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
Occupation (Required)	Aggregate year-to-date	\$ 25,000.00
C. Source   Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Campaign Fund	()	this period
Eull name	10 / 20 / 15	\$ 3,000.00
Mike Chancy Campaign		• 15,000.00
Mailing Address		\$
115 Henry Road	······································	<u> </u>
City, State, Zip Code		\$
Vicksburg, MS 39183	· · · · · · · · · · · · · · · · · · ·	3
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 3.000.00
D. Source: V Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(moi, bay, roat/	this period
Full name	10 / 23 / 15	\$ 5,000.00
Ergon Mailing Address		
Mailing Address P. O. Box 1639	1 / 1 / 1	\$
City, State, Zip Code		\$ [
Jackson, M5 39215-1639		<b>T</b>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 5,000.00

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Name of Candidate or Committee	Improve Mississippi Political Initiative Committee
Reporting period 10/01/15	through 10/31/15

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	[40 . [62 . [72	
Committee for Clean Environment and Fair Taxation	10 / 26 / 15	\$ 5,000.00
Mailing Address		
3000 N. State St.	<u> </u>	\$
City, State, Zip Code		
Jackson, MS 39216		<b>S</b>
Name of Employer (Required)		s
Occupation (Required)	Aggregate yearto-date	<b>\$</b> [5,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		`
		\$
Mailing Address		<b>3</b> [
City, State, Zip Code	匚,匠,匠	\$
Name of Employer (Required)	r ,r ,r	\$ [
		<b>3</b>
Occupation (Required)	Aggregate	\$
	year-to-date	•
C. Source   Corporation   PAC   Individual   Loan   Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)  Full name  Malling Address  City, State, Zip Code	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)	Date	Amount of each receipt this period  \$   \$   \$
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	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)	Date (Mo., Day, Year)	Amount of each receipt this period  \$
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	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)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period  \$
Other (please specify)  Full name  Malling Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  ///// //// Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)  ///// //// Aggregate year-to-date  Date	Amount of each receipt this period  \$

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Name of Candidate or Committee	Improve Mississippi Political Initiative Committee
*****	

Reporting period 10/01/15 through 10/31/15

### ITEMIZED DISBURSEMENTS

A. Full name		
OnMessage, Inc.  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
705 Melvin Ave #105	10 ,02 ,15	S 188,105.28
City, State, Zip Code		
Annapolis, MD 21401	10 / 07 / 15	<b>\$</b> 9,302.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 197407.78
B. Full name		
OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 Melvin Ave #105	10 ,14 , 15	S 70,000.00
City, State, Zip Code		
Annapolis, MD 21401	10 /15 /15	s 52,931.36
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 320,339.14
C. Full name		
OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 Melvin Ave #105	10 ,16 ,15	<b>S</b> 167,283.84
City, State, Zip Code Annapolis, MD 21401	10 /22 /15	\$ 61,809.12
Purpose of Disbursement (Optional)	* different in the second of t	
	Aggregate Year-to-date	S 549,432.10
D. Full name	Date	
OnMessage, Inc.	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 Melvin Ave #105	10 /23 /15	\$ 250,000,00
City, State, Zip Code		
Annapolis, MD 21401	10 28 / 15	\$ 44,964.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	§ 844,396.10
E. Full name	D-40	
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
City, State, Zip Code		S
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		
		S
Purpose of Disbursement (Optional)	Aggregate	70
	Year-to-date	\$