

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

Name of Committee Improve Mississippi Political Initiative Committee

Address P. O. Box 23021, Jackson, MS 39225-3021

Telephone 601.353.4941

Fax NA

Director Van White

Treasurer Van White

☐ Check here if above is different from previous report

TYPE OF REPORT

October _____, 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	\$851,500.00 + \$0.00	\$ 851,500.00	\$ 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 this report and to the best of my knowledge and belief it is true, accurate, and complete.

Van White
Signature of Director or Treasurer

10 NOV 2015
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 Improve Mississippi Political Initiative CommitteeReporting period 10/01/15 through 10/31/15

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) <u>Campaign Fund</u>			
Full name <u>Committee to Re-Elect Sam C. Mims, V</u>		<u>10</u> / <u>06</u> / <u>15</u>	\$ <u>2,000.00</u>
Mailing Address <u>605 Lakeshore Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>McComb, MS 39648</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>2,000.00</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) <u>Campaign Fund</u>			
Full name <u>Greg Snowden Campaign</u>		<u>10</u> / <u>06</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P. O. Box 3807</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian, MS 39303-3807</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>5,000.00</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) <u>Trade Association</u>			
Full name <u>Mississippi Petroleum Marketers & Convenience Stores Association</u>		<u>10</u> / <u>06</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P. O. Drawer 3859</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39207</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>5,000.00</u>
D. 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) <u> </u>			
Full name <u>Industrial Electric Motor Works, Inc</u>		<u>10</u> / <u>06</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>P. O. Box 638</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Marion, MS 39342-0638</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>2,500.00</u>

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

ITEMIZED RECEIPTS

A. 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>Mississippi Concrete Industries Association Political Action Committee</u>		<u>10</u> / <u>14</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>6700 Old Canton Road, Suite K</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>5,000.00</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>Mississippi Manufacturers Association Political Action Committee</u>		<u>10</u> / <u>14</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>720 N President St.</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>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>50,000.00</u>
C. 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>The WatchDog PAC</u>		<u>10</u> / <u>14</u> / <u>15</u>	\$ <u>24,000.00</u>
Mailing Address <u>P. O. Box 23</u>		<u>10</u> / <u>19</u> / <u>15</u>	\$ <u>25,000.00</u>
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>10</u> / <u>27</u> / <u>15</u>	\$ <u>40,000.00</u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>90,000.00</u>
D. 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>RSLC - Mississippi PAC</u>		<u>10</u> / <u>15</u> / <u>15</u>	\$ <u>200,000.00</u>
Mailing Address <u>1201 F Street, NW, Suite 675</u>		<u>10</u> / <u>22</u> / <u>15</u>	\$ <u>200,000.00</u>
City, State, Zip Code <u>Washington, DC 20004</u>		<u>10</u> / <u>30</u> / <u>15</u>	\$ <u>200,000.00</u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>600,000.00</u>

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

ITEMIZED RECEIPTS

A. 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>Tourism Mississippi PAC</u>		<u>10</u> / <u>16</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>103 W. Washington St., Ste B6</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</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>5,000.00</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>Mississippi Association of Realtors Political Action Committee</u>		<u>10</u> / <u>16</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P. O. Box 321000</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</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>50,000.00</u>
C. 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>Mississippi Bankers Association Political Action Committee</u>		<u>10</u> / <u>16</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P. O. Box 1091</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</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>50,000.00</u>
D. 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>Friends of Phil Bryant</u>		<u>10</u> / <u>16</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>P. O. Box 321226</u>		<u>10</u> / <u>21</u> / <u>15</u>	\$ <u>10,000.00</u>
City, State, Zip Code <u>Flowood, MS 39225</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>30,000.00</u>

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

ITEMIZED RECEIPTS

A. 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>Mississippi Medical Political Action Committee</u>		<u>10</u> / <u>19</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P. O. Box 2548</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>5,000.00</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>Contractors PAC - MS Assoc Builders & Contractors, Inc.</u>		<u>10</u> / <u>20</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P. O. Box 16522</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>25,000.00</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) <u>Campaign Fund</u>			
Full name <u>Mike Chancy Campaign</u>		<u>10</u> / <u>20</u> / <u>15</u>	\$ <u>3,000.00</u>
Mailing Address <u>115 Henry Road</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Vicksburg, MS 39183</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>3,000.00</u>
D. 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>Ergon</u>		<u>10</u> / <u>23</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P. O. Box 1639</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215-1639</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>5,000.00</u>

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

ITEMIZED RECEIPTS

A. 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>Committee for Clean Environment and Fair Taxation</u>		<u>10</u> / <u>26</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>3000 N. State St.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216</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>5,000.00</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> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<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> </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> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<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> </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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<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> </u>

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.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 Melvin Ave #105	10 / 02 / 15	\$ 188,105.28
City, State, Zip Code Annapolis, MD 21401	10 / 07 / 15	\$ 9,302.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 197,407.78
B. Full name OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 705 Melvin Ave #105	10 / 14 / 15	\$ 70,000.00
City, State, Zip Code Annapolis, MD 21401	10 / 15 / 15	\$ 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	\$ 167,283.84
City, State, Zip Code Annapolis, MD 21401	10 / 22 / 15	\$ 61,809.12
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 549,432.10
D. Full name OnMessage, Inc.	Date (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	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	\$