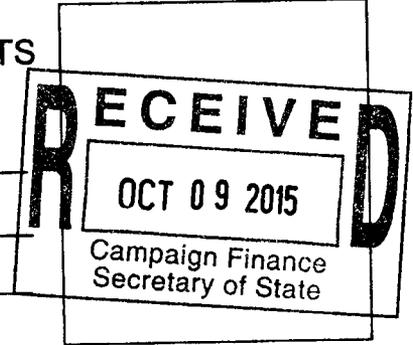


Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS Initiative Monthly Report



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

September, 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	\$200,000 + \$100.00	\$ 200,100.00	\$ 200,100.00
Total amount of disbursements	\$0.00 + \$ 150.16	\$ 150.16	\$ 150.16
Total amount of cash on hand		\$ 199,949.84	

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

9 OCT 2015

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 Committee

Reporting period 09/01/15 through 09/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Manufacturers Association PAC</u>	<u>09</u> / <u>02</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>720 N. President St.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>25,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bankers Association PAC State Fund</u>	<u>09</u> / <u>03</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P. O. Box 1091</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>25,000.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Realtors Political Action Committee</u>	<u>09</u> / <u>08</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P. O. Box 321000</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Campaign Committee Fund</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Herb Frierson Campaign Account</u>	<u>09</u> / <u>08</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>12 Trailwood Lane</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Poplarville, MS 39470</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>10,000.00</u>

Name of Candidate or Committee Improve Mississippi Political Initiative Committee
 Reporting period 09/01/15 through 09/30/15

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 Independent Insurance Agents of Mississippi PAC	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address 124 Riverview Dr.	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Flowood, MS 39232-8908	<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>2,500.00</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 MS Hospitality & Restaurant Association PAC	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address 130 Riverview Drive, Suite A	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Flowood, MS 39232	<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>
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 Truck - PAC	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address 825 North President Street	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39202	<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>1,000.00</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) <u>Trade Association</u>		
Full name Homebuilders Association of Mississippi	<u>09</u> / <u>24</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address P. O. Box 3556	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39207	<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>25,000.00</u>

Name of Candidate or Committee Improve Mississippi Political Initiative Committee

Reporting period 09/01/15 through 09/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friends of Phil Bryant</u>	<u>09</u> / <u>24</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>P. O. Box 321226</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>10,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Empower PAC</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>P. O. Box 4028</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Madison, MS 39130</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>10,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Malt Beverage Association Six-PAC</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>P. O. Box 1132</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39215-1132</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippians for Self-Insurance PAC</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>825 N. President Street</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Improve Mississippi Political Initiative CommitteeReporting period 09/01/15 through 09/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Philip Gunn Campaign</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>P. O. Box 1159</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Clinton, MS 39060</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>10,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TCB for Mississippi</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>P. O. Box 1996</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>10,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Trade Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Poultry Association, Inc.</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>110 Airport Road, Suite C</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Pearl, MS 39208</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>25,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friends of Tate Reeves</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>P. O. Box 24355</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39225</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>10,000.00</u>

Name of Candidate or Committee Improve Mississippi Political Initiative Committee

Reporting period 09/01/15 through 09/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The WatchDog PAC</u>	<u>09 / 30 / 15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 23</u>	_ / _ / _	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	_ / _ / _	\$ _____
Name of Employer (Required) _____	_ / _ / _	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</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	\$ _____