

**Political Committee**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**Initiative Monthly Report**



Name of Committee KidsFirst Mississippi  
Address P.O. Box 2572, Ridgeland, Mississippi 39158  
Telephone 601-454-4451 Fax N/A  
Director Russ Latino Treasurer Russ Latino

☐ Check here if above is different from previous report

**TYPE OF REPORT**

October \_\_\_\_\_, 2015 Monthly Report (due 10<sup>th</sup> 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	\$119,348.06 + \$ 150	\$ 119,498.06	\$ 243,409.60
Total amount of disbursements	\$122,471.18 + \$ 562.37	\$ 123,033.55	\$ 123,193.05
Total amount of cash on hand		\$ 87,941.95	

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

11/10/2015

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 KidsFirst Mississippi Political Issue Committee

Reporting period 10/01/2015 through 10/31/2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> i360	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 37046	10 / 01 / 15	\$ 89,321.00
<b>City, State, Zip Code</b> Baltimore, Maryland 21297	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Radio Ad Buys	<b>Aggregate</b> <b>Year-to-date</b>	\$ 89,321.00
<b>B. Full name</b> Russ Latino	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 2572	10 / 01 / 15	\$ 3,176.62
<b>City, State, Zip Code</b> Ridgeland, Mississippi 39158	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Travel Expenses	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3,176.62
<b>C. Full name</b> Telesouth Broadcasting	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 6311 Ridgewood Rd.	10 / 06 / 15	\$ 20,000.00
<b>City, State, Zip Code</b> Jackson, Mississippi 39213	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Radio Ad Buys	<b>Aggregate</b> <b>Year-to-date</b>	\$ 20,000.00
<b>D. Full name</b> Poolhouse	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 23 W. Broad St., Ste. 404	10 / 13 / 15	\$ 2,000.00
<b>City, State, Zip Code</b> Richmond, Virginia 23220	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Deposit on Digital Videos	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,000.00
<b>E. Full name</b> Google, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1600 Amphitheatre Parkway	10 / 31 / 15	\$ 9,650.00
<b>City, State, Zip Code</b> Mountain View, California 94043	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Video & Digital Advertising (Adwords & YouTube)	<b>Aggregate</b> <b>Year-to-date</b>	\$ 9,650.00
<b>F. Full name</b> Facebook, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1601 Willow Road	10 / 31 / 15	\$ 1,500.18
<b>City, State, Zip Code</b> Menlo Park, California 94025	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Video & Digital Advertising	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,500.18



Name of Candidate or Committee KidsFirst Mississippi Political Issue CommitteeReporting period 10/01/2015 through 10/31/2015

## 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>Contribution/In-Kind Contribution Staff</u>			
Full name <u>Americans for Prosperity</u>		<u>10</u> / <u>06</u> / <u>15</u>	\$ <u>100,000.00</u>
Mailing Address <u>2111 Wilson Boulevard</u>		<u>10</u> / <u>31</u> / <u>15</u>	\$ <u>18,648.06</u>
City, State, Zip Code <u>Arlington, Virginia 22201</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) <u>N/A</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>239,097.98</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>Political Club</u>			
Full name <u>Jackson County Republican Club</u>		<u>10</u> / <u>26</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 791</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code <u>Ocean Springs, MS 39566</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) <u>N/A</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>200.00</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>  </u>			
Full name <u>Dr. William B. Sullivan</u>		<u>10</u> / <u>27</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4 Ransom Hollow</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Name of Employer (Required) <u>Asthma &amp; Allergy Clinic of Hattiesburg</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>500.00</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>  </u>			
Full name <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Mailing Address <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
City, State, Zip Code <u>  </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>          </u>