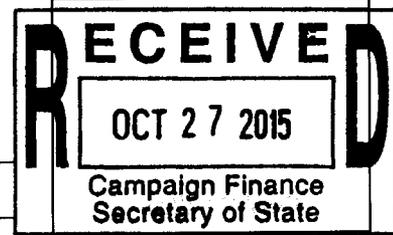


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Committee THE WATCHDOG PAC
 Address P.O. Box 24355 JACKSON, MS County HINDS
 Telephone _____ Fax _____
 Treasurer PEDER JOHNSON Email Address _____

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)Mandatory
- ____ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)Mandatory
- ____ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)Mandatory
- ____ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)Mandatory
All Primary Candidates and Political Committees
- ____ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- ____ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)Mandatory
- October 27, 2015 Pre-Election Report**Mandatory
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ____ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ____ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) 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 first 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	\$ 103,500 ⁺		- 0 -	\$ 103,500 ⁻	\$ 256,500 ⁻
Total amount of disbursements	\$ 140,423 ⁰²⁺		- 0 -	\$ 140,423 ⁰²	\$ 201,258 ⁰²
Total amount of cash on hand				\$ 58,085 ⁹⁸	

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 OCTOBER 27, 2015
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (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. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee THE WATCHDOG PAC
 Reporting period OCTOBER 1, 2015 through OCTOBER 24, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
JACKSON-ALVAREZ GROUP	10 / 1 / 15	\$ 5,556 ⁵⁷
Mailing Address POST OFFICE BOX 7272	10 / 1 / 15	\$ 3,366 ⁴⁵
City, State, Zip Code MCLEAN, VIRGINIA 22106	10 / 1 / 15	\$ 8,923 ⁰²
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8,923 ⁰²
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SALLY DOTY CAMPAIGN	10 / 13 / 15	\$ 3,500 ⁻
Mailing Address POST OFFICE BOX 4662	___ / ___ / ___	\$
City, State, Zip Code BROOKHAVEN, MISSISSIPPI 39602	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,000 ⁻
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
FRIENDS OF MIKE HURST	10 / 13 / 15	\$ 10,000 ⁻
Mailing Address POST OFFICE BOX 321177	___ / ___ / ___	\$
City, State, Zip Code FLOWOOD, MISSISSIPPI 39232	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30,000 ⁻
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
IMPROVE MISSISSIPPI PIC	10 / 13 / 15	\$ 24,000 ⁻
Mailing Address POST OFFICE BOX 23021	10 / 20 / 15	\$ 25,000 ⁻
City, State, Zip Code JACKSON, MISSISSIPPI 39225-3021	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50,000 ⁻
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
STEVE RUSHING FOR SHERIFF	10 / 19 / 15	\$ 2,000 ⁻
Mailing Address 1144 WEST LINCOLN DRIVE	___ / ___ / ___	\$
City, State, Zip Code BROOKHAVEN, MISSISSIPPI 39601	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000 ⁻
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BRENT BAILEY FOR PSC	10 / 19 / 15	\$ 2,000 ⁻
Mailing Address 107 CEDAR RIDGE DRIVE	___ / ___ / ___	\$
City, State, Zip Code CANTON, MISSISSIPPI 39046	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000 ⁻

Name of Candidate or Committee THE WATCHDOG PAC
 Reporting period OCTOBER 1, 2015 through OCTOBER 24, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SAM BRITTON FOR PUBLIC SERVICE COMMISSIONER</u>	<u>10/19/15</u>	\$ <u>2,000-</u>
Mailing Address		
<u>POST OFFICE BOX 1963</u>	<u>10/19/15</u>	\$ <u>2,000-</u>
City, State, Zip Code	<u> / / </u>	\$
<u>LAUREL, MISSISSIPPI 39441</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,000-</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CITIZEN SUPER PAC</u>	<u>10/19/15</u>	\$ <u>35,000-</u>
Mailing Address		
<u>POST OFFICE BOX 341028</u>	<u>10/19/15</u>	\$ <u>35,000-</u>
City, State, Zip Code	<u> / / </u>	\$
<u>AUSTIN, TEXAS 78734</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50,000-</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ON MESSAGE INC.</u>	<u>10/23/15</u>	\$ <u>28,000-</u>
Mailing Address		
<u>817 SLATERS LANE</u>	<u>10/23/15</u>	\$ <u>28,000-</u>
City, State, Zip Code	<u> / / </u>	\$
<u>ALEXANDRIA, VIRGINIA 22314</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>28,000-</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee THE WATCHDOG PACReporting period OCTOBER 1, 2015 through OCTOBER 24, 2015

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>MISS BANK PAC</u>	<u>10 / 8 / 15</u>	\$ <u>30,000</u>
Mailing Address <u>POST OFFICE BOX 1091</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MISSISSIPPI 39215</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>30,000</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>RSLC - MISSISSIPPI PAC</u>	<u>10 / 9 / 15</u>	\$ <u>70,000</u>
Mailing Address <u>1201 F. STREET, NW SUITE 675</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>WASHINGTON, DC 20004</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100,000-</u>
C. 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>SHMOOP UNIVERSITY, INC.</u>	<u>10 / 5 / 15</u>	\$ <u>1,000-</u>
Mailing Address <u>POST OFFICE BOX 0935</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>LOS ALTOS, CA 94023-0935</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000-</u>
D. 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>UNITED HEALTHGROUP INC.</u>	<u>10 / 9 / 15</u>	\$ <u>1,500-</u>
Mailing Address <u>POST OFFICE BOX 1459</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>MINNEAPOLIS, MN 55440</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,500-</u>

Name of Candidate or Committee THE WATCHDOG PAC

Reporting period OCTOBER 1, 2015 through OCTOBER 24, 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>MEMPHIS STONE & GRAVEL COMPANY</u>	<u>10 / 14 / 15</u>	\$ <u>1,000-</u>
Mailing Address <u>POST OFFICE BOX 1683</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MEMPHIS, TN 38101</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000-</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	\$ _____