

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

RECEIVED
MAR 10 2015
ELECTIONS DIVISION

Name of Committee Better Schools Better Jobs
 Address 599-C Steed Road Ridgeland, MS 39157
 Telephone 601-898-8875 Fax 601-898-2983
 Director _____ Treasurer Charles Lindsay
☐ Check here if above is different from previous report

TYPE OF REPORT

February _____, 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

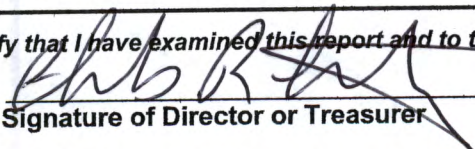
IMPORTANT

- (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	\$ 200.00 + \$ -0-	\$ 200.00	\$ 525,400.00
Total amount of disbursements	\$ 173,593.44 + \$ -0-	\$ 173,593.44	\$ 302,782.29
Total amount of cash on hand		\$ 222,617.71	

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 3/4/15

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 Better Schools Better JobsReporting period February 1, 2015 through February 28, 2015

ITEMIZED DISBURSEMENTS

A. Full name Ricoh	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 386-A Highland Colony Parkway	2 / 23 / 15	\$ 388.11
City, State, Zip Code Ridgeland, MS 39157	2 / 23 / 15	\$ 489.79
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,617.72
B. Full name Rickey Gray	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 103 Keystone Place	2 / 23 / 15	\$ 219.80
City, State, Zip Code Brandon, MS 39042	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 219.80
C. Full name MS Press Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 371 Edgewood Terrace	2 / 20 / 15	\$ 17,193.18
City, State, Zip Code Jackson, MS 39206	2 / 20 / 15	\$ 2,947.10
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 60,792.08
D. Full name WB Consolidated, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 770 N. West Street	2 / 28 / 15	\$ 15,000.00
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30,216.85
E. Full name Thompson & Associates	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 814 N. President Street	2 / 1 / 15	\$ 25,000.00
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25,000.00
F. Full name JURU, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 13836	2 / 17 / 15	\$ 1,195.13
City, State, Zip Code Jackson, MS 39235	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,195.13

Name of Candidate or Committee Better Schools Better JobsReporting period February 1, 2015 through February 28, 2015

ITEMIZED DISBURSEMENTS

A. Full name Lazer Office Supply	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 1505	<u>2</u> / <u>18</u> / <u>15</u>	\$ 540.03
City, State, Zip Code Brandon, MS 39042	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 540.03
B. Full name Hayes Dent Public Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 975 North Street	<u>2</u> / <u>1</u> / <u>15</u>	\$ 20,000.00
City, State, Zip Code Jackson, MS 39202	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 20,000.00
C. Full name Donald Simmons	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4705 N. 175th Street	<u>2</u> / <u>17</u> / <u>15</u>	\$ 250.00
City, State, Zip Code Omaha, NE 68116	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
D. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5260 I-55 North	<u>2</u> / <u>17</u> / <u>15</u>	\$ 380.60
City, State, Zip Code Jackson, MS 39211	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 761.20
E. Full name Enterprise Rental	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5355 I-55 North	<u>2</u> / <u>4</u> / <u>15</u>	\$ 697.08
City, State, Zip Code Jackson, MS 39206	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 697.08
F. Full name Michael Rejabian	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 120 N. Congress Street	<u>2</u> / <u>4</u> / <u>15</u>	\$ 600.00
City, State, Zip Code Jackson, MS 39201	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00

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ITEMIZED DISBURSEMENTS

A. Full name Matthews, Cutrer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 599-C Steed Road	<u>2</u> / <u>10</u> / <u>15</u>	\$ 335.00
City, State, Zip Code Ridgeland, MS 39157	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 465.00
B. Full name Performance Pros	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 16 N. Town Square, #102	<u>2</u> / <u>4</u> / <u>15</u>	\$ 155.54
City, State, Zip Code Jackson, MS 39211	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 355.54
C. Full name Feldman Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 508 8th Street, SE	<u>2</u> / <u>11</u> / <u>15</u>	\$ 32,001.60
City, State, Zip Code Washington, DC 20003	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 32,001.60
D. Full name Wholesale Service Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7300 Turfway Road	<u>2</u> / <u>26</u> / <u>15</u>	\$ 53,166.43
City, State, Zip Code Florence, KY 41042	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 105,609.78
E. Full name Fortification East, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 388 Highland Colony Parkway	<u>2</u> / <u>28</u> / <u>15</u>	\$ 2,154.00
City, State, Zip Code Ridgeland, MS 39157	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,666.52
F. Full name Trustmark National Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2</u> / <u>10</u> / <u>15</u>	\$ 200.00
City, State, Zip Code Jackson, MS 39201	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00

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ITEMIZED DISBURSEMENTS

A. Full name Patricia Griffin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2425 Wendover	<u>2</u> / <u>17</u> / <u>15</u>	\$ 400.00
City, State, Zip Code Belden, MS 38826	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
B. Full name Comcast	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5355 I-55 North	<u>2</u> / <u>28</u> / <u>15</u>	\$ 280.05
City, State, Zip Code Jackson, MS 39206	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 560.10
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Better Schools Better JobsReporting period February 1, 2015 through February 28, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dr. Selika Sweet</u>	<u>02</u> / <u>02</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>670 Country Place Drive</u>	<u>02</u> / <u>27</u> / <u>15</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Pearl, MS 39208</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>400.00</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>	\$ <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>
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>	\$ <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>
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>	\$ <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>