

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Committee Improve MS Political Action Committee
 Address 825 N President St County Hinds
 Telephone 601.353.4941 Fax na
 Treasurer Van White Email Address vanimpac@blpec.org

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**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees
- 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	\$ 20,000	+	\$ 0	\$ 20,000	\$ 20,000
Total amount of disbursements	\$ 0	+	\$ 0	\$ 0	\$ 0
Total amount of cash on hand				\$ 20,000	

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

9 October 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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Improve MS Political Action CommitteeReporting period 1 July through 30 Sept 2015

ITEMIZED RECEIPTS

A. 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 <u>MS Poultry PAC</u>	<u>7</u> / <u>1</u> / <u>15</u>	\$ <u>20,000</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>20,000</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	\$ _____

**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.

Van White
Signature of Director or Treasurer

9 OCT 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 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 <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>	<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>
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<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>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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<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> </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) <u>Campaign Committee Fund</u>		
Full name <u>Herb Frlerson Campaign Account</u>	<u>09</u> / <u>08</u> / <u>15</u>	\$ <u>10,000.00</u>
Mailing Address <u>12 Trailwood Lane</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Poplarville, MS 39470</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>10,000.00</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>Independent Insurance Agents of Mississippi PAC</u>	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>124 Riverview Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232-8908</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Hospitality & Restaurant Association PAC</u>	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>5,000.00</u>
Mailing Address <u>130 Riverview Drive, Suite A</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Truck - PAC</u>	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>825 North President Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
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"/> Other (please specify) <u>Trade Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Homebuilders Association of Mississippi</u>	<u>09</u> / <u>24</u> / <u>15</u>	\$ <u>25,000.00</u>
Mailing Address <u>P. O. Box 3556</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39207</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>25,000.00</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<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>	\$ <u> </u>
Occupation (Required) <u> </u>	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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39130</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>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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215-1132</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 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>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>	<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>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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39060</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>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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<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>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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Trade Association</u>		
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>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Pearl, MS 39208</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>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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, 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>10,000.00</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>The WatchDog PAC</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 23</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39205</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>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"/>	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>