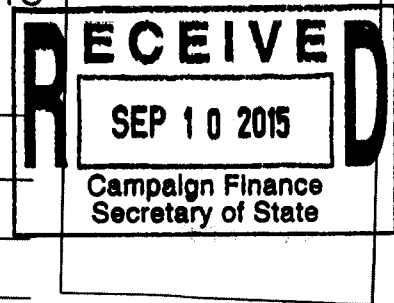Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

RECEIVED

SEP 1 0 2015

Campaign Finance
Secretary of State

Name of Committee KidsFirst Mississippi

Address P.O. Box 2572, Ridgeland, MS 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

August

_____, 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

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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	$ 1696.79 + $ 0.00	$ 1696.79	$ 1696.79
Total amount of disbursements	$ 0.00 + $ $ 159.50	$	$ 159.50
Total amount of cash on hand		$ 0.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

9-10-15

Signature of Director or Treasurer   **Date**

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 August 1, 2015 **through** August 31, 2015

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

Other (please specify) Non-profit/In-kind contribution of staff

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Americans for Prosperity	8 / 28 / 15	$ 979.54
Mailing Address 2111 Wilson Boulevard	☐ / ☐ / ☐	$
City, State, Zip Code Arlington, Virginia 22201	☐ / ☐ / ☐	$
Name of Employer (Required) N/A	☐ / ☐ / ☐	$
Occupation (Required) N/A	**Aggregate year-to-date**	$ 979.54

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

Other (please specify) Donation/In-Kind Contribution of Travel Mileage

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Russell Latino	8 / 3 / 15	$ 159.50
Mailing Address P.O. Box 2572	☐ / ☐ / ☐	$ 207
City, State, Zip Code Ridgeland, Mississippi 39158	☐ / ☐ / ☐	$ 212.75
Name of Employer (Required) Americans for Prosperity Foundation	☐ / ☐ / ☐	$ 138
Occupation (Required) State Director	**Aggregate year-to-date**	$ 717.25

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐

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**	$

SS04-05