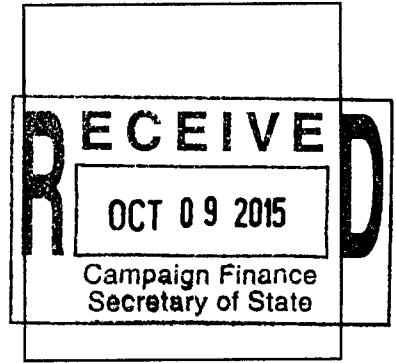


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee KidsFirst Mississippi Political Issue Committee
 Address P.O. Box 2572, Ridgeland, MS 39158
 Telephone 601-454-4451 Fax _____
 Director Russ Latino Treasurer Russ Latino

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	\$ 121,829.75 + \$ 285	\$ 122,114.75	\$ 123,811.54
Total amount of disbursements	\$ 0 + \$ 0	\$ 0	\$ 159.50
Total amount of cash on hand		\$ 110,285.00	

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

10/9/2015
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 9/1/2015 through 9/30/2015

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) <u>Contribution/In-Kind Contribution Personnel</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Americans for Prosperity</u>	<u>9</u> / <u>16</u> / <u>15</u>	\$ <u>110,000</u>
Mailing Address <u>2111 Wilson Boulevard</u>	<u>9</u> / <u>30</u> / <u>15</u>	\$ <u>9,370.38</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>120,349.92</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>In-Kind Contribution Travel/Digital Advertising</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Russ Latino</u>	<u>9</u> / <u>30</u> / <u>15</u>	\$ <u>\$2,459.37</u>
Mailing Address <u>P.O. Box 2572</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, Mississippi 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Americans for Prosperity Foundation</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Mississippi State Director</u>	Aggregate year-to-date	\$ <u>\$3,176.62</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
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"/> Other (please specify) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
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>