IND EXP

### REPORT OF INDEPENDENT EXPENDITURE for CANDIDAT 2015 Election

Check one of the following:	3 11.	Arrest of the San		001012010
The independent expenditure disclosed was made in the independent expendent expenditure disclosed was made in the independent expendent	Control of the Contro			MS SECRETARY OF ST GULFPORT
Name of the Candidate of whom the expenditure was in support or in	opposition			(N)
Mississippi Safety & Justice				
Full Name of Individual or Entity making Independent Expenditure				
Please check the appropriate box:				
Corporation	[J]	Individual		
✓ Political Committee		Other (Specify		<b>1</b>
Nsombi Lambright		Outor (Opcon)	Secretary and the	
Contact Person		The state of		
P.O. Box 1803 Jackson	MS	3	9215	
Mailing Address City (601) 526-1010	State	Z	ip Code	
Phone Please check one of the following dates:		Fax		
May 8, 2015 Periodic Report (January 1, 2015, through A	pril 30, 2015)		Aliconisconista	Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through Ma	ıy 31, 2015)	versitistins variantini nari		
July 10, 2015 Periodic Report (June 1, 2015, through Jur				
July 28, 2015 Pre-Election Report (July 1, 2015, through			Section of the section of	
		All	Primary Cand	didates and Political Committees
August 18, 2015 Pre-Election Report (July 26, 2015, thro	All F	Primary Candidates	and Political	Committees in a Runoff Election
X October 9, 2015 Periodic Report (July 1, 2015, through S	September 30, 201	5) ,,,,,,,,,,,,		
October 27, 2015 Pre-Election Report	tober 24, 2015)	omericani ortonii or		ates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 201	5, through Novem	ber 14, 2015)		Runoff Candidates Only
January 8, 2015 Periodic Report (October 1, 2015, through	gh December 31,			ommittees in a Runoff Election
Termination Report (Candidate will no longer accept contributed and has no outstanding campaign debt or		aign expenditures		ulred to terminate reporting
REPORTED CONTRIBU	UTIONS AND DE	SBURSEMENT	S	
Itemized + Non-itemized =		nis Period		Calendar ear-To-Date
Total amount of contributions \$382,000.00 +\$ 0.00	\$ 382	2,000.00	\$ 382,	000.00
Total amount of disbursements \$ 204,338.21 +\$ 273.59	\$ 204	,611.80	\$ 204,	611.80
Total amount of cash on hand	\$ 177	7,388.20		
Under penalty of perjury, I hereby certify that the disclosed independent the request or suggestion of any candidate or any authorized commit	ent expenditure was ittee or agent of suc	s not made in coo ch candidate.	peration, con	sultation or concert with, or at
Authorized Signature		Date	Signed	
State of Mississippi	Sworn	to and subscribe	d before me	111001011
County of Harrison	this th	e OP day of	Ct	2018 PUBLIC
	Notary Public  My Commission	Expires: 2	-37	111940 SIMMONS
Miss Code Ann. §23-15-807 and §23-15-809 (1972) SEND TO: 1, Independent expenditures made for or against			trict, multi-	ZINA P.

should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX 10 600 576-2545
2. Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk
3. Independent expenditures made for municipal elections should be filed with the Municipal Clerk



Name of Candidate or Commi	ttee Mississip	Mississippi Safety & Justice		
Reporting period 07/26/2015		through	09/30/2015	
reporting period				

MS SECRETARY OF STATE GULFPORT

### ITEMIZED RECEIPTS A. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name 08 / 03 / 15 100,000,00 George Soros Mailing Address / 15 / 15 09 30,000.00 888 7th Ave City, State, Zip Code 09 1 29 1 15 252,000,00 New York, NY 10106 Name of Employer (Required) Soros Fund Management LLC Occupation (Required) Aggregate \$ 382,000.00 Chairman year-to-date B. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name \$ Malling Address \$ City, State, Zip Code Name of Employer (Required) \$ Occupation (Required) Aggregate \$ year-to-date Corporation | PAC | Individual Loan C. Source Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ **Mailing Address** \$ City, State, Zip Code \$ Name of Employer (Required) \$ Aggregate year–to-date Occupation (Required) \$ Corporation | PAC Individual | Loan D. Source: Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) \$ Aggregate Occupation (Required) \$ year-to-date

through \_\_\_\_



### ITEMIZED DISBURSEMENTS SECRETARY OF STATE GULFPORT.

A. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5 Maiden Lane, Suite 1600	08 / 20 / 15	\$ 39,311.90
City, State, Zip Gode New York, NY 10038	08 / 20 / 15	\$ 17,122.44
Purpose of Disbursement (Optional) ndependent Expenditure - Support Robert Shuler Smith	Aggregate Year-to-date	\$ 147,254.34
B. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 10,500.00
City, State, Zip Code New York, NY 10038	09 / 30 / 15	\$ 7,140.00
Purpose of Disbursement (Optional) ndependent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254.34
C. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 11,390.00
City, State, Zip Code New York, NY 10038	09 / 30 / 15	\$ 51,600.00
Purpose of Disbursement (Optional) ndependent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254.34
D. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 8,590.00
City, State, Zip Code New York, NY 10038		s
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254,34
E. Full namo Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	<b>\$</b> 1,600,00
City, State, Zip Code New York, NY 10038		\$
Purpose of Disbursement (Optional) Datafile	Aggregate Year-to-date	\$ 147,254.34
F. Full name Gordon Loewen Research	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2728 Harriet Ave	08 / 25 / 15	\$ 6,433.87
City, State, Zip Code Minneapolls, MN 55408	9 / 30 / 15	\$ 10,500.00
Purpose of Disbursement (Optional) Research	Aggregate Year-to-date	\$ 16,933.87

through \_\_\_\_\_



### ITEMIZED DISBURSEMENT SECRETARY OF STATE GULFPORT

A. Full name Hickman Analytics, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2 Wisconsin Circle, Suite 520	09 / 15 / 15	\$ 39,700.00
City, State, Zip Code Chevy Chase, MD 20815		<b>.</b>
Purpose of Disbursement (Optional) Polling	Aggregate Year-to-date	\$ 39,700.00
B. Full name NGP VAN, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1101 15th Street NW, Suite 500	09 / 09 / 15	\$ 450.00
City, State, Zip Code Washington, DC 20005	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 450.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, ZIp Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

IND EXP

# REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES OCT 09 2015 wing:

Check one of the following:	A APPLA			راسم المال
The independent expenditure disclosed was made i	n support of the	candidate iden	tified. MS SECR	ETARY OF STATE
The independent expenditure disclosed was made in the independent expendent	n opposition to t	he candidate id	dentified.vio ocon	JLFPORT.
Robert Shuler Smith			<u> </u>	ZELL OLLI.
Name of the Candidate of whom the expenditure was in support or in	opposition			
Mississippi Safety & Justice				
Full Name of Individual or Entity making Independent Expenditure				
Please check the appropriate box:				
Corporation		Individual		
Political Committee		Other (Specify	У	)
Nsombi Lambright				
Contact Person				
P.O. Box 1803 Jackson	MS		39215	
Mailing Address City (601) 526-1010	State		Zip Code	
Phone Please check one of the following dates:		Fax		
May 8, 2015 Periodic Report (January 1, 2015, through A	pril 30, 2015)	****		Mandatory
June 10, 2015 Periodic Report (May 1, 2015, through Ma	y 31, 2015)	manimanimi)		Mandatory
July 10, 2015 Periodic Report (June 1, 2015, through Jun	ne 30, 2015)			Mandatory
July 28, 2015 Pre-Election Report (July 1, 2015, through	July 25, 2015)		Il Primary Candidates a	
August 18, 2015 Pre-Election Report (July 26, 2015, thro	ough August 15, 20	015)	Runoff	Candidates Only rees in a Runoff Election
X October 9, 2015 Periodic Report (July 1, 2015, through S				
October 27, 2015 Pre-Election Report(Primary Election Winners report October 1, 2015, through Oct	ober 24, 2015)		All Candidates and	
(Independent Candidates report January 1, 2015 through Octo				
November 17, 2015 Pre-Runoff Report (October 25, 201	5, through Novem	per 14, 2015)	Runoff	Candidates Only
		1217, 20 10 100 100	and Political Committee	
January 8, 2015 Periodic Report (October 1, 2015, throu	gh December 31,	2015)		Mandatory
Termination Report (Candidate will no longer accept contribution and has no outstanding campaign debt of	tions or make camp	aign expenditure	s Required to obligations	terminate reporting
REPORTED CONTRIB		RUPSEMENT	2	
			Calend	lar
Itemized + Non-Itemized =	4	nis Period	Year-To-	Date
Total amount of contributions \$382,000.00 +\$ 0.00	\$ 382	2,000.00	\$ 382,000.	00
Total amount of disbursements \$ 204,338.21 +\$ 273.59	\$ 204	,611.80	\$204,611.	80
Total amount of cash on hand	\$ 177	,388.20		
		·		
Under penalty of perjury, I hereby certify that the disclosed independ the request or suggestion of, any candidate or any authorized commi	ent expenditure was tree or agent of suc	s not made in coo h candidate.	operation, consultation	n or concert with, or at
Authorized Signature		Dat	e Signed	
State of MISSISSIPPI	Sworn	to and subscribe	ed hefore me	4
		alh	AL	MISSISSIA
County of +CU ( 150Y )	this the	day of	, 2015.	PUBLIC . P
	Notary Rublic	10100116	2 104:4	AM .040 -115
	My Commission	Expires:	5-01-19:0	10 # 111940 MONS
Miss Code Ann. §23-15-807 and §23-15-809 (1972)			dulat multi	101
SEND TO: 1. Independent expenditures made for or against should be filed with the Secretary of State, Election	candidates for sta	tewide, state dis	kson, MS 39205 and	AX to 660 376 284
2. Independent expenditures made for countywid 3. Independent expenditures made for municipal	elections should b	e filed with the	Municipal Clerk	AN Mai
				MRISON

REV 12/2014

Name of Candidate or Committee Mississippi Safety & Justice

Reporting period 07/26/2015 through 09/30/2015



### ITEMIZED RECEIPTS MS SECRETARY OF STATE GULFPORT.

		GULFFUNT.
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
George Soros	08 / 03 / 15	\$ 100,000.00
Mailing Address	West of Section 1991	
888 7th Ave	09 / 15 / 15	\$ 30,000.00
City, State, Zip Code	Proces (proces)	
New York, NY 10106	09 / 29 / 15	\$ 252,000.00
Name of Employer (Required)		
Soros Fund Management LLC		\$
Occupation (Required)	Aggregate	
Chairman	year-to-date	\$ 382,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
	i Land Change of State of	T
Mailing Address		\$ [
City, State, Zip Code		\$
Name of Employer (Reguired)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
		<b>V</b>
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		
		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

through \_\_\_\_\_



### ITEMIZED DISBURSEMENTS SECRETARY OF STATE GULFPORT.

		GULFPORT
A. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	08 / 20 / 15	\$ 39,311.90
City, State, Zip Code New York, NY 10038	08 / 20 / 15	\$ 17,122.44
Purpose of Disbursement (Optional) Independent Expenditure - Support Robert Shuler Smith	Aggregate Year-to-date	§ 147,254.34
B. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 10,500.00
City, State, Zip Code New York, NY 10038	09 / 30 / 15	<b>\$</b> 7,140.00
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254.34
C. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15.	\$ 11,390.00
City, State, Zip Code New York, NY 10038	09 / 30 / 15	\$ 51,600.00
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254,34
D. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 8,590.00
City, State, Zip Code New York, NY 10038		\$
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	<b>\$</b> 147,254.34
E. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	<b>\$</b> 1,600.00
City, State, Zip Code New York, NY 10038	111	\$
Purpose of Disbursement (Optional) Datafile	Aggregate Year-to-date	\$ 147,254.34
F. Full name Gordon Loewen Research	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2728 Harriet Ave	08 / 25 / 15	\$ 6,433.87
City, State, Zip Code Minneapolls, MN 55408	09 / 30 / 15	<b>\$</b> 10,500.00
Purpose of Disbursement (Optional) Research	Aggregate Year-to-date	\$ 16,933.87

Name of Candidate or Committee
Reporting period 07/26/2015

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## ITEMIZED DISBURSEMENTS SECRETARY OF STATE GULFPORT.

A. Full name Hickman Analytics, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Wisconsin Circle, Suite 520	09 / 15 / 15	§ 39,700.00
City, State, Zip Code Chevy Chase, MD 20815		\$
Purpose of Disbursement (Optional) olling	Aggregate Year-to-date	\$ 39,700.00
3. Full name IGP VAN, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 101 15th Street NW, Suite 500	09 / 09 / 15	\$ 450.00
City, State, Zip Code Vashington, DC 20005	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 450.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	11	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

### Delbert Hosemann SECRETARY OF STATE

### Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Name of Committee Mississi	ppi Safety & Ju	stice	(Canasia)		
Address P.O. Box 1803 Jacks	on, MS 39215		Hir County_	nds	
Telephone (601) 526-1010			Fax		DEGISTALE
Treasurer Nsombi Lambrigh	nt		Email Address	mssafetyandjustic	eagmail.com
May 8, 2015 Periodic Re June 10, 2015 Periodic July 10, 2015 Periodic F July 28, 2015 Pre-Electi	eport (January 1 Report (May 1, Report (June 1, on Report (July	2015, through May 2015, through Jun 1, 2015, through	y 31, 2015)e 30, 2015)	All Prim	MS SECRETARY OF STATE GULFPORT Mandatory Mandatory Mandatory Mandatory And Committees Runoff Candidates Only
October 27, 2015 Pre-E (Primary Election Winner (Independent Candidate November 17, 2015 Pre	lection Report . rs report October 1 s report January 1 -Runoff Report	, 2015, through Octo 2015 through Octob (October 25, 2015	ober 24, 2015) Der 24, 2015) Der 24, 2015) S, through November 14,	2015)	Political Committees in a Runoff Election
Termination Report (Can		er accept contributio			Required to terminate reporting obligations
indicating "0" (Zero) for tota (2) Until a Candidate files a Tero	I amount of repo	ted contributions a	and expenditures during th	nis period.	candidate shall submit a report Miss. Code Ann. § 23-15-807 (b) (ii)
and (iii).  (3) The receiving authority mus holiday, the office must be leacceptable.	t be in actual rec n actual receipt o	eipt of the required f the required repo	reports by 5:00 p.m. on th rts by 5:00 p.m. on the firs	e reporting day. If th t working day <i>before</i>	e deadline falls on a weekend or a the deadline. Faxed reports are
	ltemized -	REPORTED Co	ONTRIBUTIONS AND DISE	BURSEMENTS nis Period	Calendar Year-To-Date
Total amount of contributions	\$382,000.00	+ \$ 0.00	\$382,000	0.00	\$ 382,000.00
Total amount of disbursements	\$204,338.21 +	\$ 273.59	\$ 204,611	1.80	\$ 204,611.80
Total amount of cash on hand			\$ 177,38	8.20	

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

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 Mississippi Safety & Justice through 09/30/2015 Reporting period 07/26/2015



### ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	08 / 03 / 15	\$ 100.000.00
George Soros	100. 1 00. 1.119	\$ 100,000.00
Mailing Address	09 / 15 / 15	\$ 30,000.00
888 7th Ave	Mai Titti Titti	Ψ 130,000.00
City, State, Zip Code	09 / 29 / 15	\$ 252,000.00
New York, NY 10106		
Name of Employer (Required)		\$
Soros Fund Management LLC		
Occupation (Required) Chairman	Aggregate year-to-date	\$ 382,000.00
	year-to-date	A
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Tear)	this period
Full name		\$
Matthia A Jahanna		
Mailing Address		\$
City, State, Zip Code	TOTAL TO	<b>6</b>
		\$
Name of Employer (Required)		6
Name of Employer (Regulator)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	W
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INIO., Day, Teal)	this period
Full name	-   [ , [ , [	\$
		V I considerate the second
Mailing Address		\$ [
City, State, Zip Code		
oity, state, zip odde		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year-to-date	\$ [
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
		\$
Malling Address	7         /     /	<b>*</b>
Malling Address  City, State, Zip Code		\$
		\$
City, State, Zip Code		\$
City, State, Zip Code	Aggregate year-to-date	\$

Reporting period 07/26/2015

through \_\_\_\_\_



## ITEMIZED DISBURSEMENTS SECRETARY OF STATE GULFPORT

<b>A. Full name</b> Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	08 / <sup>20</sup> / <sup>15</sup>	\$ 39,311.90
City, State, ZIp Code New York, NY 10038	08 / 20 / 15	\$ 17,122.44
Purpose of Disbursement (Optional) ndependent Expenditure - Support Robert Shuler Smith	Aggregate Year-to-date	\$ 147,254.34
B. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 10,500.00
City, State, Zip Code New York, NY 10038	09 / 30 / 15	<b>\$</b> 7,140.00
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254.34
<b>C. Full name</b> Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 11,390.00
City, State, Zip Code New York, NY 10038	09 / 30 / 15	\$ 51,600.00
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254.34
<b>D. Full name</b> Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	\$ 8,590.00
City, State, Zip Code New York, NY 10038	11	\$
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 147,254.34
E. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Lane, Suite 1600	09 / 30 / 15	§ 1,600.00
City, State, Zip Code New York, NY 10038		\$
Purpose of Disbursement (Optional) Datafile	Aggregate Year-to-date	\$ 147,254.34
F. Full name Gordon Loewen Research	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2728 Harriet Ave	08 / 25 / 15	\$ 6,433.87
City, State, Zip Code Minneapolis, MN 55408	09 / 30 / 15	\$ 10,500.00
Purpose of Disbursement (Optional) Research	Aggregate Year-to-date	\$ 16,933.87

Reporting period 07/26/2015

through \_\_\_\_\_



## ITEMIZED DISBURSEMENTS MS SECRETARY OF STATE GULFPORT.

		GOLIT
A. Full name Hickman Analytics, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2 Wisconsin Circle, Suite 520	09 / <sup>15</sup> / <sup>15</sup>	\$ 39,700.00
City, State, Zip Code Chevy Chase, MD 20815		\$
Purpose of Disbursement (Optional) Polling	Aggregate Year-to-date	\$ .39,700.00
<b>B. Full name</b> NGP VAN, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 15th Street NW, Suite 500	09 / 09 / 15	<b>\$</b> 450.00
City, State, Zip Gode Washington, DC 20005		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 450.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s