

# REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES

RECEIVED  
OCT 09 2015

MS SECRETARY OF STATE  
GULFPORT

Check one of the following:

- ☒ The independent expenditure disclosed was made in support of the candidate identified.
- ☐ The independent expenditure disclosed was made in opposition to the candidate identified.

**Scott Colom**

Name of the Candidate of whom the expenditure was in support or in opposition

Mississippi Safety &amp; Justice

*Full Name of Individual or Entity making Independent Expenditure*

*Please check the appropriate box:*

- ☐ Corporation
 ☐ Individual
- ☒ Political Committee
 ☐ Other (Specify \_\_\_\_\_)

**Nsombi Lambright**

**Contact Person**

P.O. Box 1803

**Jackson**

MS

39215

Mailing Address

City

State

Zip Code

(601) 526-1010

Phone

Fax

**Please check one of the following dates:**

- |         |   |   |
|---------|---|---|
| _____   | 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<br><i>All Primary Candidates and Political Committees</i>                                   |
| _____   | August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)  | Runoff Candidates Only<br><i>All Primary Candidates and Political Committees in a Runoff Election</i> |
| X _____ | October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)  | Mandatory   |
| _____   | October 27, 2015 Pre-Election Report<br>(Primary Election Winners report October 1, 2015, through October 24, 2015)<br>(Independent Candidates report January 1, 2015 through October 24, 2015) | Mandatory<br><i>All Candidates and Political Committees</i>   |
| _____   | November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)   | Runoff Candidates Only<br><i>All Candidates and Political Committees in a Runoff Election</i>         |
| _____   | January 8, 2015 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   |

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 382,000.00 +\$ 0.00	\$ 382,000.00	\$ 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 independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

Authorized Signature

*Date Signed*

State of Mississippi  
County of Harrison

Sworn to and subscribed before me

this the 9th day of Oct, 2019

Notary Public

My Commission Expires:

Miss Code Ann. §23-15-807 and §23-15-809 (1972)

- SEND TO:
1. Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX to 601-576-2545
  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

REV 12/2014



Name of Candidate or Committee Mississippi Safety & Justice  
Reporting period 07/26/2015 through 09/30/2015

MS SECRETARY OF STATE  
GULFPORT

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>George Soros</u>		<u>08</u> / <u>03</u> / <u>15</u>	\$ <u>100,000.00</u>
Mailing Address <u>888 7th Ave</u>		<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>30,000.00</u>
City, State, Zip Code <u>New York, NY 10106</u>		<u>09</u> / <u>29</u> / <u>15</u>	\$ <u>252,000.00</u>
Name of Employer (Required) <u>Soros Fund Management LLC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>          </u>
Occupation (Required) <u>Chairman</u>		Aggregate year-to-date	\$ <u>382,000.00</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>



Page 3 of 4  
**RECEIVED**  
 OCT 09 2015

Name of Candidate or Committee Mississippi Safety & Justice  
 Reporting period 07/26/2015 through 09/30/2015

# ITEMIZED DISBURSEMENTS

MS SECRETARY OF STATE  
 GULFPORT

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



Page 4 of 4  
**RECEIVED**  
 OCT 09 2015

Name of Candidate or Committee Mississippi Safety & Justice  
 Reporting period 07/26/2015 through 09/30/2015

## ITEMIZED DISBURSEMENTS

MISSISSIPPI SECRETARY OF STATE  
 GULFPORT

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



# REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES

RECEIVED  
OCT 09 2015  
MS SECRETARY OF STATE  
GULFPORT.

Check one of the following:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | The independent expenditure disclosed <u>was made in support</u> of the candidate identified.    |
| <input type="checkbox"/>            | The independent expenditure disclosed <u>was made in opposition</u> to the candidate identified. |

Robert Shuler Smith

Name of the Candidate of whom the expenditure was in support or in opposition

Mississippi Safety &amp; Justice

*Full Name of Individual or Entity making Independent Expenditure*

Please check the appropriate box:

- ☐ Corporation
 ☐ Individual
- ☒ Political Committee
 ☐ Other (Specify \_\_\_\_\_)

Nsombi Lambright

**Contact Person**

P.O. Box 1803

Jackson

MS

39215

Mailing Address

City

State

Zip Code

(601) 526-1010

Phone

Fax

**Please check one of the following dates:**

- |         |   |   |
|---------|---|---|
| _____   | 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<br><i>All Primary Candidates and Political Committees</i>                                   |
| _____   | August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)  | Runoff Candidates Only<br><i>All Primary Candidates and Political Committees in a Runoff Election</i> |
| X _____ | October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)  | Mandatory   |
| _____   | October 27, 2015 Pre-Election Report<br>(Primary Election Winners report October 1, 2015, through October 24, 2015)<br>(Independent Candidates report January 1, 2015 through October 24, 2015) | Mandatory<br><i>All Candidates and Political Committees</i>   |
| _____   | November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)   | Runoff Candidates Only<br><i>All Candidates and Political Committees in a Runoff Election</i>         |
| _____   | January 8, 2015 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   |

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 382,000.00 +\$ 0.00	\$ 382,000.00	\$ 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 independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate. 10-9-15

Authorized Signature

Date Signed \_\_\_\_\_

State of Mississippi

County of Harrison

Sworn to and subscribed before me

this the 9th day of Oct, 2015

Notary Public

My Commission Expires:

Miss Code Ann. §23-15-807 and §23-15-809 (1972)

SEND TO:

1. Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX to 601-576-2545
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

REV 12/2014



**RECEIVED**  
Page 2 of 4  
Oct 09 2015

Name of Candidate or Committee Mississippi Safety & Justice  
Reporting period 07/26/2015 through 09/30/2015

MS SECRETARY OF STATE  
GULFPORT

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>George Soros</u>		<u>08</u> / <u>03</u> / <u>15</u>	\$ <u>100,000.00</u>
Mailing Address <u>888 7th Ave</u>		<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>30,000.00</u>
City, State, Zip Code <u>New York, NY 10106</u>		<u>09</u> / <u>29</u> / <u>15</u>	\$ <u>252,000.00</u>
Name of Employer (Required) <u>Soros Fund Management LLC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Chairman</u>		Aggregate year-to-date	\$ <u>382,000.00</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>



Page 3 of 4  
**RECEIVED**  
 OCT 09 2015

Name of Candidate or Committee Mississippi Safety & Justice  
 Reporting period 07/26/2015 through 09/30/2015

# ITEMIZED DISBURSEMENTS

MISSISSIPPI SECRETARY OF STATE  
 GULFPORT

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



Name of Candidate or Committee Mississippi Safety &amp; Justice

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

## ITEMIZED DISBURSEMENTS

MS SECRETARY OF STATE  
GULFPORT

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



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

Name of Committee Mississippi Safety & JusticeAddress P.O. Box 1803 Jackson, MS 39215County HindsTelephone (601) 526-1010

Fax \_\_\_\_\_

Treasurer Nsombi LambrightEmail Address mssafetyandjustice@gmail.com

Check here if above is different from previous report

**TYPE OF REPORT**MS SECRETARY OF STATE  
GULFPORT

- ☐ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- ☐ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- ☐ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- ☐ 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  
*All Primary Candidates and Political Committees*
- ☐ 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  
*All Candidates and Political Committees*
- ☐ 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	\$ 382,000.00	+	\$ 0.00	\$ 382,000.00	\$ 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	

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

**RECEIVED**  
 Page 2 of 4  
 Oct 09 2015

# ITEMIZED RECEIPTS

MS SECRETARY OF STATE  
 GULFPORT

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 George Soros	08 / 03 / 15	\$ 100,000.00
Mailing Address 888 7th Ave	09 / 15 / 15	\$ 30,000.00
City, State, Zip Code New York, NY 10106	09 / 29 / 15	\$ 252,000.00
Name of Employer (Required) Soros Fund Management LLC		\$
Occupation (Required) Chairman	Aggregate year-to-date	\$ 382,000.00
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		\$
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$



Page 3 of 4  
**RECEIVED**  
 OCT 09 2015

Name of Candidate or Committee Mississippi Safety & Justice  
 Reporting period 07/26/2015 through 09/30/2015

# ITEMIZED DISBURSEMENTS

MS SECRETARY OF STATE  
 GULFPORT

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



Name of Candidate or Committee Mississippi Safety & Justice  
 Reporting period 07/26/2015 through 09/30/2015

# ITEMIZED DISBURSEMENTS

MS SECRETARY OF STATE  
 GULFPORT

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