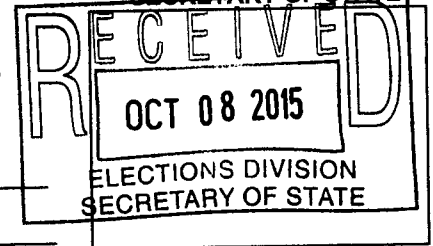


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election



Name of Candidate Scott Colom  
 Address P.O. Box 866, Columbus, MS 39703 County Lowndes  
 Telephone (Work) 662-327-0903 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Scott Colom Email Address colomsw@gmail.com  
 Office Sought District Attorney Political Party Democratic

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  
*All Candidates and Political Committees*  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015)
- \_\_\_\_ 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 Secretary of State 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	\$ 33,425	+ \$ 14,449	\$ 47,874	\$ 134,917
Total amount of disbursements	\$ 36,149	+ \$ 5,678	\$ 41,827	\$ 51,379.20
Total amount of cash on hand			\$ 83,537.80	

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 Candidate

Date

10/1/15

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 Scott Colom  
 Reporting period July 26, 2015 through September 30, 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
<b>Full name</b> David Owen	7 / 28 / 15	\$ 700
<b>Mailing Address</b> 124 N 5th St.	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39701	/ /	\$
<b>Name of Employer (Required)</b> Self-Employed	/ /	\$
<b>Occupation (Required)</b> Lawyer	<b>Aggregate year-to-date</b>	\$ 2700
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
<b>Full name</b> Winston James Thompson, III	7 / 30 / 15	\$ 2000
<b>Mailing Address</b> 143 Camden Shrs.	/ /	\$
<b>City, State, Zip Code</b> Madison, MS 39110-4121	/ /	\$
<b>Name of Employer (Required)</b> Self-Employed	/ /	\$
<b>Occupation (Required)</b> Lawyer	<b>Aggregate year-to-date</b>	\$ 2000
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
<b>Full name</b> Environmental Litigation Group	8 / 3 / 15	\$ 1000
<b>Mailing Address</b> 2160 Highland Ave. S.	/ /	\$
<b>City, State, Zip Code</b> Birmingham, AL 35205	/ /	\$
<b>Name of Employer (Required)</b>	/ /	\$
<b>Occupation (Required)</b>	<b>Aggregate year-to-date</b>	\$ 1000
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
<b>Full name</b> Johnny Fisher	8 / 4 / 15	\$ 300
<b>Mailing Address</b> P.O. Box 447	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39703	/ /	\$
<b>Name of Employer (Required)</b> East MS Community College	/ /	\$
<b>Occupation (Required)</b> Administrator	<b>Aggregate year-to-date</b>	\$ 300

Name of Candidate or Committee Scott Colom  
 Reporting period July 26, 2015 through September 30, 2015

## ITEMIZED RECEIPTS

A. 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) _____		
<b>Full name</b> <u>Dekashe Investments LLC</u>	<u>8</u> / <u>28</u> / <u>15</u>	\$ <u>500</u>
<b>Mailing Address</b> <u>P.O. Box 273</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>West Point, MS 39773</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$ <u>500</u>
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> <u>Colom Law Firm, LLC</u>	<u>8</u> / <u>10</u> / <u>15</u>	\$ <u>1000</u>
<b>Mailing Address</b> <u>P.O. Box 866,</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>Columbus, MS 39703</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$ <u>1000</u>
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> <u>Perry Moore</u>	<u>8</u> / <u>10</u> / <u>15</u>	\$ <u>2000</u>
<b>Mailing Address</b> <u>439 Martin Luther King Dr.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>Crawford, MS 39743</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$ <u>2000</u>
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> <u>Charlotte Sheedy</u>	<u>8</u> / <u>11</u> / <u>15</u>	\$ <u>500</u>
<b>Mailing Address</b> _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>New York City, NY</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> <u>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> <u>Publishing Agent</u>	<b>Aggregate year-to-date</b>	\$ <u>500</u>

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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
<b>Full name</b> <u>Scott Rogers</u>	<u>8</u> / <u>14</u> / <u>15</u>	\$ <u>500</u>
<b>Mailing Address</b> <u>P.O. Box 13847</u>	____ / ____ / ____	\$ _____
<b>City, State, Zip Code</b> <u>Jackson, MS 39236</u>	____ / ____ / ____	\$ _____
<b>Name of Employer (Required)</b> <u>Scott, Sullivan, Streetman, and Fox</u>	____ / ____ / ____	\$ _____
<b>Occupation (Required)</b> <u>Lawyer</u>	<b>Aggregate year-to-date</b>	\$ <u>500</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
<b>Full name</b> <u>Hardwick Law Firm</u>	<u>8</u> / <u>17</u> / <u>15</u>	\$ <u>500</u>
<b>Mailing Address</b> <u>1000 Lake Village Cir.</u>	____ / ____ / ____	\$ _____
<b>City, State, Zip Code</b> <u>Brandon, MS 39047</u>	____ / ____ / ____	\$ _____
<b>Name of Employer (Required)</b> _____	____ / ____ / ____	\$ _____
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$ <u>500</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> <u>Jayson Phillips</u>	<u>8</u> / <u>17</u> / <u>15</u>	\$ <u>250</u>
<b>Mailing Address</b> <u>57 Wood St.</u>	____ / ____ / ____	\$ _____
<b>City, State, Zip Code</b> <u>San Francisco, CA 94118</u>	____ / ____ / ____	\$ _____
<b>Name of Employer (Required)</b> <u>Apple, Inc.</u>	____ / ____ / ____	\$ _____
<b>Occupation (Required)</b> <u>Software Designer</u>	<b>Aggregate year-to-date</b>	\$ <u>250</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> <u>Sydney Morris</u>	<u>8</u> / <u>17</u> / <u>15</u>	\$ <u>300</u>
<b>Mailing Address</b> <u>509 Macon St.</u>	____ / ____ / ____	\$ _____
<b>City, State, Zip Code</b> <u>Brooklyn, NY 11238</u>	____ / ____ / ____	\$ _____
<b>Name of Employer (Required)</b> _____	____ / ____ / ____	\$ _____
<b>Occupation (Required)</b> <u>Hospital Administrator</u>	<b>Aggregate year-to-date</b>	\$ <u>300</u>

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED RECEIPTS

A. 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) _____		
<b>Full name</b> Shari Garrison	8 / 20 / 15	\$ 750
<b>Mailing Address</b> 4341 Old Brook Trail	/ /	\$
<b>City, State, Zip Code</b> Birmingham, AL 35243	/ /	\$
<b>Name of Employer (Required)</b> Self-Employed	/ /	\$
<b>Occupation (Required)</b> Lawyer	<b>Aggregate year-to-date</b>	\$ 750
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) _____		
<b>Full name</b> J5 GBL, LLC	8 / 21 / 15	\$ 1000
<b>Mailing Address</b> P.O. Box 2446	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39704	/ /	\$
<b>Name of Employer (Required)</b> 	/ /	\$
<b>Occupation (Required)</b> 	<b>Aggregate year-to-date</b>	\$ 500
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) _____		
<b>Full name</b> McNeil Rhoads, LLC	8 / 21 / 15	\$ 1000
<b>Mailing Address</b> 980 Bierdman Rd.	/ /	\$
<b>City, State, Zip Code</b> Pearl, MS 39208	/ /	\$
<b>Name of Employer (Required)</b> 	/ /	\$
<b>Occupation (Required)</b> 	<b>Aggregate year-to-date</b>	\$ 1000
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) _____		
<b>Full name</b> Raman Kaul	8 / 17 / 15	\$ 500
<b>Mailing Address</b> 	/ /	\$
<b>City, State, Zip Code</b> New York City, New York	/ /	\$
<b>Name of Employer (Required)</b> Retired	/ /	\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 500

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED RECEIPTS

A. 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) _____		
<b>Full name</b> Damonta Morgan	8 / 24 / 15	\$ 225
<b>Mailing Address</b> 2301 Vanderbilt Place	/ /	\$
<b>City, State, Zip Code</b> Nashville, TN	/ /	\$
<b>Name of Employer (Required)</b> Student	/ /	\$
<b>Occupation (Required)</b> Student	<b>Aggregate year-to-date</b>	\$ 225
<b>B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> Bobby Martin	8 / 26 / 15	\$ 500
<b>Mailing Address</b> P.O. Box 419	/ /	\$
<b>City, State, Zip Code</b> Ripley, MS 38663	/ /	\$
<b>Name of Employer (Required)</b> Ripley's People's Bank	/ /	\$
<b>Occupation (Required)</b> Chairman/President	<b>Aggregate year-to-date</b>	\$ 500
<b>C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> Willie Abston	8 / 27 / 15	\$ 250
<b>Mailing Address</b> 980 60 Grandview Circle	/ /	\$
<b>City, State, Zip Code</b> Brandon, MS 39047	/ /	\$
<b>Name of Employer (Required)</b> Self-Employed	/ /	\$
<b>Occupation (Required)</b> Lawyer	<b>Aggregate year-to-date</b>	\$ 250
<b>D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> Ben Griffith	8 / 28 / 15	\$ 250
<b>Mailing Address</b> P.O. Box 2248	/ /	\$
<b>City, State, Zip Code</b> Lafayette, MS 38655	/ /	\$
<b>Name of Employer (Required)</b> Self - Employed	/ /	\$
<b>Occupation (Required)</b> Lawyer	<b>Aggregate year-to-date</b>	\$ 250

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED RECEIPTS

A. 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) _____		
<b>Full name</b> Roland Colom	8 / 28 / 15	\$ 1000
<b>Mailing Address</b> 403 Terry St.	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Ripley, MS	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> Retired	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 1000
<b>B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> Mark C. Hardy	8 / 28 / 15	\$ 500
<b>Mailing Address</b> P.O. Box 787	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Columbus, MS 39703	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> Swoope Ins. Agency	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Insurance Agent	<b>Aggregate year-to-date</b>	\$ 500
<b>C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> James Parkinson	8 / 31 / 15	\$ 800
<b>Mailing Address</b> 79-391 Four Paths Lane	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Bermuda Dunes, CA 92203	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> Retired	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 2300
<b>D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> O.M. Contracting, Inc.	8 / 31 / 15	\$ 1000
<b>Mailing Address</b> P.O. Box 1410	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Coachella, CA 92236	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b>	□ / □ / □	\$ _____
<b>Occupation (Required)</b>	<b>Aggregate year-to-date</b>	\$ 1000

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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>Scott Colom</u>	<u>9</u> / <u>4</u> / <u>15</u>	\$ <u>5000</u>
Mailing Address <u>P.O. Box 866</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Columbus, MS 39703</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>5850</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 <u>Rasheed Muhammed</u>	<u>9</u> / <u>5</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>578 Eagle Dr.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>East Stroudsburg, PA 18302</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>Engineer</u>	Aggregate year-to-date	\$ <u>500</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Terrell Thomas Properties, LLC</u>	<u>9</u> / <u>8</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 164</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Columbus, MS 39703</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>2300</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friends of Bennie Thompson</u>	<u>9</u> / <u>8</u> / <u>15</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 100</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Bolton, MS 39041</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>1000</u>



Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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>Lisa Ross</u>	<u>9</u> / <u>4</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 11264</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39283</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>250</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 <u>Dyer, Dyer, Jones and Daniels</u>	<u>9</u> / <u>10</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>P.O. Drawer 560</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Greenville, MS 38701</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>250</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shirley C. Byers</u>	<u>9</u> / <u>11</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 5008</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Holly Springs, MS 38634-5008</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>500</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melvin Cooper</u>	<u>9</u> / <u>14</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>2576 Sheridan Ct.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Biloxi, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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>Travis Childers</u>	<u>9</u> / <u>14</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>201 Hidden Hills</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Booneville, MS 38829</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self-Employed</u>	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</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 <u>Zenobia Waters</u>	<u>9</u> / <u>14</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>1316 Greenridge Ave.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Lithonia, GA 30058</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self-Employed</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>250</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melissa McNair</u>	<u>9</u> / <u>14</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>3550 Wilshire Blvd. Suite 1122</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Los Angeles, CA 90010</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self-Employed</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>250</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The May Law Firm</u>	<u>9</u> / <u>15</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>728 North Congress St.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED RECEIPTS

A. 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>Thomas Mitchell</u>		<u>9</u> / <u>15</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>4311 Keating Terrace</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison, WI 53711</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>University of Wisconsin Law School</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Law Professor</u>		Aggregate year-to-date	\$ <u>250</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>Valena Betty</u>		<u>9</u> / <u>15</u> / <u>15</u>	\$ <u>50</u>
Mailing Address <u>2003 Mesa Dr. Apt. 1</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Boulder, CO 80304-3687</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>University of West Virginia Law School</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Law Professor</u>		Aggregate year-to-date	\$ <u>300</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>Robert Wilson</u>		<u>9</u> / <u>18</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 2428</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Oxford, MS 38655</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>		Aggregate year-to-date	\$ <u>500</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>Willie Griffin</u>		<u>9</u> / <u>18</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 189</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Greenville, MS 38702</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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>East - West Limited</u>	<u>9</u> / <u>19</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 126</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Coachella, CA 92236</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</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 <u>John Brockman</u>	<u>9</u> / <u>19</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Coachella, CA 92236</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Retired</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dan Webb</u>	<u>9</u> / <u>22</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 496</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Tupelo, MS 38802</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>1500</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fred Banks</u>	<u>9</u> / <u>22</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 290</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>Self-Employed</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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
<b>Full name</b> Spencer Smith	9 / 1 / 15	\$ 300
<b>Mailing Address</b> 616 9th St. S.	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39701	/ /	\$
<b>Name of Employer (Required)</b> Smith Landscaping	/ /	\$
<b>Occupation (Required)</b> Landscaper	<b>Aggregate year-to-date</b>	\$ 300
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
<b>Full name</b> Eleanor S. Ellis	9 / 19 / 15	\$ 1000
<b>Mailing Address</b> 501 8th St. N.	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39701	/ /	\$
<b>Name of Employer (Required)</b> Retired	/ /	\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 1000
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
<b>Full name</b> Helen S. Reed	9 / 19 / 15	\$ 500
<b>Mailing Address</b> 1025 11th Ave. N.	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39701	/ /	\$
<b>Name of Employer (Required)</b> Retired	/ /	\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 500
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
<b>Full name</b> Claude Simpson	9 / 19 / 15	\$ 500
<b>Mailing Address</b> 1112 N 12st St.	/ /	\$
<b>City, State, Zip Code</b> Columbus, MS 39701	/ /	\$
<b>Name of Employer (Required)</b> Retired	/ /	\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 500

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 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>Bo Jolly</u>	<u>9</u> / <u>25</u> / <u>15</u>	\$ <u>250</u>
Mailing Address <u>1553 Vance Ave</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Memphis, TN 38104</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>best effort</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>best effort</u>	Aggregate year-to-date	\$ <u>250</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 <u>J. Steven Lake</u>	<u>9</u> / <u>29</u> / <u>15</u>	\$ <u>500</u>
Mailing Address <u>2451 Verna Ct.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Palm Springs, CA 92262-6281</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Retired</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Geroge Cheesten</u>	<u>9</u> / <u>25</u> / <u>15</u>	\$ <u>1000</u>
Mailing Address <u>5 Tally Ho. Dr.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Starkville, MS 39759</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self-Employed</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Property Owner and Manager</u>	Aggregate year-to-date	\$ <u>1000</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) _____	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	\$ _____

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
The Feldman Group, Inc.		
<b>Mailing Address</b>	<u>7</u> / <u>28</u> / <u>15</u>	\$ 18,600
1990 M. Street NW, Suite 510		
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Washington, D.C. 20036		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 18,600
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Jessica McNamara		
<b>Mailing Address</b>	<u>8</u> / <u>2</u> / <u>15</u>	\$ 4,957.00
654 Park Place, #1LF		
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Brooklyn, NY 11216		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 9,617.00
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Kustom World Printz		
<b>Mailing Address</b>	<u>8</u> / <u>19</u> / <u>15</u>	\$ 600
932 Carver St. Ext.		
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
West Point, MS 39773		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 600
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
DACO, LLC		
<b>Mailing Address</b>	<u>8</u> / <u>19</u> / <u>15</u>	\$ 1,699.34
441 Northdale Dr.		
<b>City, State, Zip Code</b>	<u>8</u> / <u>25</u> / <u>15</u>	\$ 534.52
Columbus, MS 39705		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 5,147.00
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Louisa Porter		
<b>Mailing Address</b>	<u>8</u> / <u>25</u> / <u>15</u>	\$ 1,200
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Columbus, MS 39701		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,200
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Lauren Prince		
<b>Mailing Address</b>	<u>8</u> / <u>28</u> / <u>15</u>	\$ 204
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Starkville, MS		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 687

Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Cumulus, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 3 / 15	\$ 400
<b>City, State, Zip Code</b> Columbus, MS	9 / 11 / 15	\$ 1560
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,200
<b>B. Full name</b> Urban Radio Group	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	8 / 9 / 15	\$ 1,660
<b>City, State, Zip Code</b> Starkville, MS	9 / 17 / 15	\$ 2,308
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3,968
<b>C. Full name</b> DACO, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 441 Northdale Dr.	9 / 19 / 15	\$ 427
<b>City, State, Zip Code</b> Columbus, MS 39705	9 / 24 / 15	\$ 1,012
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 5,147.00
<b>D. Full name</b> Cumulus, Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 22 / 15	\$ 260
<b>City, State, Zip Code</b> Columbus, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,220
<b>E. Full name</b> Lauren Prince	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 24 / 15	\$ 252
<b>City, State, Zip Code</b> Starkville, MS	9 / 11 / 15	\$ 230.50
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 686.50
<b>F. Full name</b> MJ DeskTop Publishing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 24 / 15	\$ 357.50
<b>City, State, Zip Code</b> Columbus, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 357.50



Name of Candidate or Committee Scott ColomReporting period July 26, 2015 through September 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Jackie Cannon	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 11 / 15	\$ 144
<b>City, State, Zip Code</b> West Point, MS	9 / 24 / 15	\$ 148.50
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 292.50
<b>B. Full name</b> Jim Terry	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 11 / 15	\$ 135
<b>City, State, Zip Code</b> Columbus, MS	9 / 24 / 15	\$ 189
<b>Purpose of Disbursement (Optional)</b> Canvassing	<b>Aggregate</b> <b>Year-to-date</b>	\$ 324
<b>C. Full name</b> USPS	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 30 / 15	\$ 294
<b>City, State, Zip Code</b> Columbus, MS 39705	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b> Arlene Weatherby	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 30 / 15	\$ 208.50
<b>City, State, Zip Code</b> Columbus, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 208.50
<b>E. Full name</b> Scott Colom	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	9 / 30 / 15	\$ 254.70
<b>City, State, Zip Code</b> Columbus, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> reimbursement for AA flight for Jessica McNamara	<b>Aggregate</b> <b>Year-to-date</b>	\$ 686.50
<b>F. Full name</b> Paypal	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	8 / 27 / 15	\$ 177.44
<b>City, State, Zip Code</b> Pao Alto, CA	9 / 30 / 15	\$ 135.08
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 996