Scott Colom

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Delbert Hosemann SECRETARY OF STATE
OCT 08 2015 LECTIONS DIVISION
ECRETARY OF STATE

Name of Candidate			SECRETARY OF STATE
Address P.O. Box 866, Columbus, MS 39703		County	
Telephone (Work) 662-327-0903	(Home)	(Fax)	
Contact Name Scott Colom	Email Ac	ddress colomsw@gmail.com	
Office Sought District Attorney	Political Par	ty_Democratic	
Check here if above is different from	previous report		
May 8, 2015 Periodic Report (January 1, 2	TYPE	<u>: OF REPORT</u> 2015)	Mandatory
June 10, 2015 Periodic Report (May 1, 20	245 through May 31 20	115)	
June 10, 2015 Periodic Report (May 1, 20	715, through way 51, 20	045)	Mandatory
July 10, 2015 Periodic Report (June 1, 20)15, through June 30, 20	J15)	Mandaton
July 28, 2015 Pre-Election Report (July 1	, 2015, through July 25,	, 2015)	Primary Candidates and Political Committees
August 18, 2015 Pre-Election Report (Ju	ly 26, 2015, through Au	gust 15, 2015) All Primary Candidates	Runoff Candidates Only and Political Committees in a Runoff Election
X October 9, 2015 Periodic Report (July 1,	2015, through Septemb	per 30, 2015)	Mandatory
October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, (Independent Candidates report January 1, 2	2015, through October 24,	2015)	All Candidates and Political Committees
November 17, 2015 Pre-Runoff Report (October 25, 2015, throu	ah November 14, 2015)	Runoff Candidates Only and Political Committees in a Runoff Election
January 8, 2016 Periodic Report (Octobe	er 1, 2015, through Dece	ember 31, 2015)	Mandatory
Termination Report (Candidate will no longe outstanding campaign d	r accept contributions or ma		
	IMPO	RTANT	L'Actor chall submit a report
(1) Pre-Election reports are mandatory, even if no indicating "0" (Zero) for total amount of report	ed couttibutious and exh	eliaitales aarnig tino perios.	
(2) Until a Candidate files a Termination Report, a	nnual and periodic repor	ts must still be filed in accordance	
(3) The Secretary of State must be in actual receipholiday, the office must be in actual receipt of acceptable.	the required reports by 3	5.00 p.m. on the mot nothing any	
<u> </u>	EPORTED CONTRIB	UTIONS AND DISBURSEMEN	<u>iTS</u> Calendar
Itemized :	+ Non-Itemized	This Period	vear-to-date

\$ 134,917 \$47,874 Total amount of contributions \$ 33,425 + \$ 14,449 \$51,379.20 \$41,827 Total amount of disbursements \$ 36,149 + \$ 5,678 \$ 83,537.80 Total amount of cash hand

mined this report and to the best of my knowledge and belief it is true, accurate, and complete. I cert

Signature of

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

Page	ħ	of	13
1 45	· .	~-	

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

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Moi, Buy, Tear)	this period
Full name	7 / 28 / 285	\$ 700
David Owen		
Mailing Address		\$
124 N 5th St.		
City, State, Zip Code		\$
Columbus, MS 39701		
Name of Employer (Required)	$\Box \prime \Box \prime \Box \vert$	\$
Self-Employed Occupation (Required)	Aggregate	
Lawyer	year-to-date	\$ 2700
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	7 / 30 / 15	\$ 2000
Winston James Thompson, III	<u> </u>	Ψ 2000
Mailing Address		\$
143 Camden Shrs.	' ' '	Ψ
City, State, Zip Code		•
Madison, MS 39110-4121	/	\$
Name of Employer (Required)	一,一,一	\$
Self-Employed	<u>'-'-'-</u>	*
Occupation (Required)	Aggregate	\$ 2000
Lawyer	year-to-date	,
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	E . E . IE	A [
Full name	<u> 8 3 15</u>	\$ 1000
Environmental Litigation Group		· '
Environmental Litigation Group Mailing Address	C /C /C	
Environmental Litigation Group Mailing Address 2160 Highland Ave. S.		\$ [
Mailing Address		\$
Mailing Address 2160 Highland Ave. S.		
Mailing Address 2160 Highland Ave. S. City, State, Zip Code		\$
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205	//////	\$
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	year-to-date Date	\$ 1000 Amount of each receipt
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date	\$ 1000 Amount of each receipt
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher Mailing Address	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher Mailing Address P.O. Box 447	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher Mailing Address	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher Mailing Address P.O. Box 447 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher Mailing Address P.O. Box 447 City, State, Zip Code Columbus, MS 39703	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S
Mailing Address 2160 Highland Ave. S. City, State, Zip Code Birmingham, AL 35205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Johnny Fisher Mailing Address P.O. Box 447 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$ S S S S S S S S S

Page	2	of	13
1.05		~	

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 28 / 15	\$ 500
Dekashe Investments LLC		
Mailing Address P.O. Box 273	<u> </u>	\$
City, State, Zip Code		
West Point, MS 39773	<u> </u>	\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Colom Law Firm, LLC	8 / 10 / 15	\$ 1000
Mailing Address		
P.O. Box 866,	<u>'/'</u> /	\$
City, State, Zip Code	Г.Г.Г	\$
Columbus, MS 39703	<u>//</u>	4
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 10 / 15	\$ 2000
Perry Moore	<u> </u>	* 1
Mailing Address		\$
439 Martin Luther King Dr.		
City, State, Zip Code Crawford, MS 39743	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	e hasa
Occupation (Required)	year-to-date	\$ 2000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 11 / 15	\$ 500
Charlotte Sheedy		V 1000
Mailing Address	<u> </u>	\$
City, State, Zip Code New York City, NY	匚/匚/匚	\$
Name of Employer (Required) Self-Employed		\$
Occupation (Required) Publishing Agent	Aggregate year–to-date	\$ 500

Page	3	of	13

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Scott Rogers	8 / 14 / 15	\$ 500
Mailing Address		
P.O. Box 13847	<u> </u>	\$
City, State, Zip Code		_
Jackson, MS 39236	<u>'</u>	\$
Name of Employer (Required)		\$
Scott, Sullivan, Streetman, and Fox		¥
Occupation (Required) Lawyer	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	8 / 17 / 15	\$ 500
Hardwick Law Firm	<u>- / - / - / - / - </u>	₩ Þ00
Mailing Address		\$
1000 Lake Village Cir.	'' '	* I
City, State, Zip Code		\$
Brandon, MS 39047	·//	4
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 17 / 15	\$ 250
Jayson Phillips		
Mailing Address	│ <u> </u>	\$
57 Wood St.		
City, State, Zip Code San Francisco, CA 94118	<u> </u>	\$
Name of Employer (Required)		\$
Apple, Inc.	, , , , , , , , , , , , , , , , , , ,	🕶
Occupation (Required) Software Designer	Aggregate year–to-date	\$ 250
Software Designer D. Source: Corporation PAC Individual Loan		\$ 250 Amount of each receipt this period
Software Designer D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Software Designer D. Source: Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt
Software Designer D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Software Designer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sydney Morris	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Software Designer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sydney Morris Mailing Address 509 Macon St. City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Software Designer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sydney Morris Mailing Address 509 Macon St. City, State, Zip Code Brooklyn, NY 11238	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 300 \$ [
Software Designer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sydney Morris Mailing Address 509 Macon St. City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 300

Page	4	of	13

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 20 / 15	\$ 750
Shari Garrison	<u>''</u> '	Ψ 1/30
Mailing Address		\$
4341 Old Brook Trail		Ψ!
City, State, Zip Code	 - -	\$
Birmingham, AL 35243	<u> </u>	•
Name of Employer (Required)		\$
Self-Employed		* 1
Occupation (Required)	Aggregate	\$ 750
Lawyer	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		uns periou
Full name US GBL, LLC	8 / 21 / 15	\$ 1000
Mailing Address		\$
P.O. Box 2446	<u> </u>	4
City, State, Zip Code Columbus, MS 39704		\$
Name of Employer (Required)		\$
	<u> </u>	Y
Occupation (Required)	Aggregate year–to-date	\$ 500
<u> </u>		
C. Source Corporation PAC Individual Loan Other (please specify)	Date · (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name McNeil Rhoads, LLC	_	receipt
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd.	(Mo., Day, Year)	receipt this period
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208	(Mo., Day, Year)	receipt this period \$ 1000 \$ [
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1000
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208	(Mo., Day, Year)	receipt this period \$ 1000 \$ [
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required)	Mo., Day, Year)	receipt this period \$ 1000 \$ 5
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) Other (please specify) Full name	Mo., Day, Year)	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt this period
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raman Kaul	Mo., Day, Year) 8	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) Other (please specify) Full name	Mo., Day, Year) 8	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt this period
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raman Kaul Mailing Address City, State, Zip Code	Mo., Day, Year) 8	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt this period \$ 500 \$ 500
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raman Kaul Mailing Address	Mo., Day, Year) 8	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt this period \$ 500
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raman Kaul Mailing Address City, State, Zip Code New York City, New York Name of Employer (Required)	Mo., Day, Year) 8	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt this period \$ 500 \$ 500
Other (please specify) Full name McNeil Rhoads, LLC Mailing Address 980 Bierdman Rd. City, State, Zip Code Pearl, MS 39208 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raman Kaul Mailing Address City, State, Zip Code New York City, New York	Mo., Day, Year) 8	receipt this period \$ 1000 \$ 1000 \$ 1000 Amount of each receipt this period \$ 500 \$ [

Page	5	of	13

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 24 / 15	\$ 225
Damonta Morgan		T F 23
Mailing Address 2301 Vanderbilt Place		\$
I was a second of the second o		
City, State, Zip Code Nashville, TN	<u> </u>	\$
Name of Employer (Required)		
Student	<u>'</u> / <u>'</u> /	\$
Occupation (Required)	Aggregate	\$ 225
Student	year-to-date	Ψ μ23
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	8 / 26 / 15	\$ 500
Bobby Martin		•
Mailing Address P.O. Box 419	\Box , \Box , \Box	\$
City, State, Zip Code		
Ripley, MS 38663	<u> </u>	\$
Name of Employer (Required)		
Ripley's People's Bank	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 500
Chaiman/President	year–to-date	T P00
	year to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle	Date (Mo., Day, Year)	receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed	Date (Mo., Day, Year)	receipt this period \$ 250 \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ 250 \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period \$ 250 \$ 5 50 \$ 6 50 \$ 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 250 \$ 250 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) Aggregate year-to-date Date	receipt this period \$ 250 \$ 5 50 \$ 6 50 \$ 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ben Griffith	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 50 5 5 5 5 5 5 5 5
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 250 \$ 250 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ben Griffith Mailing Address P.O. Box 2248 City, State, Zip Code	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 5 50 \$ 6 50 Amount of each receipt this period \$ 250 \$ 5 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ben Griffith Mailing Address P.O. Box 2248 City, State, Zip Code Lafayette, MS 38655	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 50 5 5 5 5 5 5 5 5
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ben Griffith Mailing Address P.O. Box 2248 City, State, Zip Code Lafayette, MS 38655 Name of Employer (Required)	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 5 50 \$ 6 50 Amount of each receipt this period \$ 250 \$ 5 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50 \$ 7 50
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Abston Mailing Address 980 60 Grandview Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ben Griffith Mailing Address P.O. Box 2248 City, State, Zip Code Lafayette, MS 38655	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250 \$ 5 50 \$ 5 50 Amount of each receipt this period \$ 250 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50 \$ 5 50

Page	6	of	14
------	---	----	----

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

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

Page	7	of	13

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

Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 4 / 15	\$ 5000
Scott Colom		· P**-
Mailing Address		\$
P.O. Box 866		
City, State, Zip Code Columbus, MS 39703	$\Box / \Box / \Box $	\$
Name of Employer (Required)		•
Self-Employed	<u>''</u> '	\$
Occupation (Required)	Aggregate	\$ 5850
Lawyer	year-to-date	Ψ peso
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rasheed Muhammed	9 / 5 / 15	\$ 500
Mailing Address		
578 Eagle Dr.	<u> </u>	\$
City, State, Zip Code		_
East Stroudburg, PA 18302	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required) Engineer	Aggregate year–to-date	\$ 500
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(moi, bay, roar)	this period
Other (please specify) Full name Terrell Thomas Properties, LLC	9 / 8 / 15	this period \$ 250
Full name Terrell Thomas Properties, LLC		\$ 250
Full name		
Full name Terrell Thomas Properties, LLC Mailing Address		\$ 250
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164		\$ 250
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code		\$ 250
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703	9 / 8 / 15 _ / _ / _ _ / _ / _	\$ 250 \$ \$
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required)	9 / 8 / 15	\$ 250 \$ \$
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	9 / 8 / 15 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 250 \$ S S S S S S S S S
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Friends of Bennie Thompson	9 / 8 / 15	\$ 250 \$
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Friends of Bennie Thompson Mailing Address	9 / 8 / 15 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 250 \$ S S S S S S S S S
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Friends of Bennie Thompson Mailing Address P.O. Box 100	9 / 8 / 15 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 250 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Friends of Bennie Thompson Mailing Address	9 / 8 / 15 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 250 \$ S S S S S S S S S
Full name Terrell Thomas Properties, LLC Mailing Address P.O. Box 164 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Friends of Bennie Thompson Mailing Address P.O. Box 100 City, State, Zip Code	9 / 8 / 15 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 250 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Page	8	of	13

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 4 / 15	\$ 250
Lisa Ross		4 k20
Mailing Address		\$
P.O. Box 11264		*
City, State, Zip Code		\$
Jackson, MS 39283	<u>'' '</u>	* 1
Name of Employer (Required)		\$
Self-Employed	<u>''</u>	Ψ
Occupation (Required)	Aggregate	\$ 250
Lawyer	year-to-date	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		una periou
Full name	9 / 10 / 15	\$ 250
Dyer, Dyer, Jones and Daniels		
P.O. Drawer 560		\$
City, State, Zip Code		•
Greenville, MS 38701	\ <u>''\-</u> '	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250
J		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt
Other (please specify) Full name Shirley C. Byers	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Shirley C. Byers Mailing Address	(Mo., Day, Year)	receipt this period
Cother (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008	(Mo., Day, Year)	receipt this period \$ 500
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Holly Springs, MS 38634-5008	(Mo., Day, Year) 9 / 11 / 15	receipt this period \$ 500 \$ [
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code	(Mo., Day, Year) 9 / 11 / 15	receipt this period \$ 500
Cother (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed Occupation (Required)	(Mo., Day, Year)	receipt this period \$ 500 \$ [
Cother (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed	(Mo., Day, Year) 9	receipt this period \$ 500 \$ [
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 9 / 11 / 15 1 / /	receipt this period \$ 500 \$ 500 \$ 500 Amount of each receipt this period
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 9	receipt this period \$ 500 \$ 500 Amount of each receipt
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 9 / 11 / 15 1 / /	receipt this period \$ 500 \$ 500 \$ 500 Amount of each receipt this period
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Melvin Cooper Mailing Address	(Mo., Day, Year) 9 / 11 / 15 1 / /	receipt this period \$ 500 \$ 500 \$ 500 Amount of each receipt this period \$ 250
Other (please specify) Full name Shirley C. Byers Mailing Address P.O. Box 5008 City, State, Zip Code Holly Springs, MS 38634-5008 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Melvin Cooper Mailing Address 2576 Sheridan Ct. City, State, Zip Code Biloxi, MS Name of Employer (Required)	(Mo., Day, Year) 9 / 11 / 15 1 / /	receipt this period \$ 500 \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City, State, Zip Code	(Mo., Day, Year) 9 / 11 / 15 1 / /	receipt this period \$ 500 \$ 500 \$ 500 Amount of each receipt this period \$ 250 \$ 500

Page	9	of	13
-			

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

Other (please specify) Full name 9 / 14 / 15 \$	500
	Poo
Travis Childers	
Mailing Address 201 Hidden Hills	
City State 7 in Code	
Booneville, MS 38829	1
Name of Employer (Required)	
Self-Employed — — — —	,
Occupation (Required) Aggregate year-to-date	500
Date	nount of each receipt
Other (please specify) (Mo., Day, Year)	this period
Full name 9 / 14 / 15 \$	250
Zenobia Waters — — — — — — — — — — — — — — — — — — —	<u></u>
Mailing Address	
1316 Greenridge Ave.	,
City, State, Zip Code Lithonia, GA 30058	
Name of Employer (Required) Self-Employed \$ 1	
Occupation (Required) Aggregate \$	250
Lawyer year-to-date	P-0-1
Date (Mo Day Year)	mount of each receipt this period
Full name 9 / 14 / 15 \$	250
Melissa McNair	
Mailing Address 3550 Wilshire Blvd. Suite 1122	1
Los Angeles, CA 90010	1
Name of Employer (Required) Self-Employed \$	
	250
Latt) Ci	mount of each receipt this period
	250
The May Law Firm	μ30
Mailing Address 728 North Congress St.	
City, State, Zip Code	
Jackson, MS 39202	
Name of Employer (Required) / / / \$	
Occupation (Required) Aggregate year-to-date \$	250

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 15 / 15	\$ 250
Thomas Mitchell		
Mailing Address 4311 Keating Terrace	1_11_1	\$
City, State, Zip Code		<u> </u>
Madison, WI 53711		\$
Name of Employer (Required)		\$
University of Wisconsin Law School Occupation (Required)	A	·
Law Professor	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tills period
Full name Valena Betty	9 / 15 / 15	\$ 50
Mailing Address		•
2003 Mesa Dr. Apt. 1	//	\$
City, State, Zip Code		\$
Boulder, CO 80304-3687		4
Name of Employer (Required) University of West Virginia Law School	$\Box \prime \Box \prime \Box$	\$
Occupation (Required)	Aggregate	\$ 300
Law Professor	year-to-date	Φ β00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	6 .65 .95	A F
Full name Robert Wilson	9 / 18 / 15	\$ 500
Mailing Address		\$
P.O. Box 2428	<u>'</u> '''	Ψ
City, State, Zip Code		\$
Oxford, MS 38655		•
Name of Employer (Required) Self-Employed		\$
Occupation (Required)	Aggregate	\$ 500
Lawyer	year-to-date	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	<u> </u>	
Full name Willie Griffin	9 / 18 / 15	\$ 250
Mailing Address		\$
P.O. Box 189		
City, State, Zip Code Greenville, MS 38702	1 1 1 1	\$
Name of Employer (Required)		\$
Self-Employed Self-Employed	Accesses	
Occupation (Required) Lawyer	Aggregate year–to-date	\$ 250

Page	11	of	13

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name East - West Limited	9 / 19 / 15	\$ 500
Mailing Address		
P.O. Box 126		\$
City, State, Zip Code		
Coachella, CA 92236	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 19 / 15	\$ 500
John Brockman		T P00
Mailing Address		\$
City, State, Zip Code		\$
Coachella, CA 92236	· · · · · · · · · · · · · · · · · · ·	*
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate	\$ 500
Retired	year-to-date	Ψ p00
I.,	, you	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802	Date (Mo., Day, Year) 9 / 22 / 15 1 / / /	receipt this period \$ 500 \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required)	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / 1 / / / Aggregate	receipt this period \$ 500 \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer	Date (Mo., Day, Year) 9 / 22 / 15 1 / / /	receipt this period \$ 500 \$ 500 \$ 500 \$ 500
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required)	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / 1 / / / Aggregate	receipt this period \$ 500 \$ 500
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / 1 / / Aggregate year-to-date Date	receipt this period \$ 500 \$ 500 \$ 500 \$ 500 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fred Banks	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fred Banks Mailing Address	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ 7500 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fred Banks Mailing Address P.O. Box 290	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ 500 Amount of each receipt this period \$ 5250 \$ 500
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fred Banks Mailing Address	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ 500 Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dan Webb Mailing Address P.O. Box 496 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self-Employed Occupation (Required) Lawyer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fred Banks Mailing Address P.O. Box 290 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required)	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ 500 Amount of each receipt this period \$ 5250 \$ 500
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year) 9 / 22 / 15 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ 500 \$ 500 \$ 500 \$ 500 Amount of each receipt this period \$ 500 \$ 500 \$ 500 \$ 500

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Spencer Smith	9 / 1 / 15	\$ 300
Mailing Address		•
616 9th St. S.	<u> </u>	\$
City, State, Zip Code		
Columbus,, MS 39701	<u> </u>	\$
Name of Employer (Required)	Γ Γ	\$
Smith Landscaping	<u>'</u> '''	4
Occupation (Required)	Aggregate	\$ 300
Landscaper	year-to-date	<u>'</u>
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 , 19 , 15	
Eleanor S. Ellis	9 / 19 / 15	\$ 1000
Mailing Address		
501 8th St. N.	<u> </u>	\$
City, State, Zip Code	F.F.F	•
Columbus, MS 39701	<u>'''</u>	\$
Name of Employer (Required) Retired	/_/_	\$
Occupation (Required)	Aggregate	\$ 1000
Retired	yearto-date	\$ 1000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Helen S. Reed	9 / 19 / 15	\$ 500
Mailing Address		
1025 11th Ave. N.		e -
		\$
City, State, Zip Code		
City, State, Zip Code Columbus, MS 39701		\$
Columbus, MS 39701 Name of Employer (Required)		
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required)	Aggregate	\$
Columbus, MS 39701 Name of Employer (Required) Retired		\$
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year–to-date Date	\$ 500 Amount of each receipt this period
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claude Simpson	Aggregate year-to-date Date (Mo., Day, Year)	\$ 500 Amount of each receipt this period
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	\$ 500 Amount of each receipt this period
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claude Simpson Mailing Address 1112 N 12st St.	Aggregate year-to-date Date (Mo., Day, Year)	\$ Soo So
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claude Simpson Mailing Address	Aggregate year-to-date Date (Mo., Day, Year)	\$ 500 Amount of each receipt this period \$ 500
Columbus, MS 39701 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Claude Simpson Mailing Address 1112 N 12st St. City, State, Zip Code	Aggregate year-to-date Date (Mo., Day, Year)	\$ Soo So

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 25 / 15	\$ 250
Bo Jolly	<u>''</u>	Ψ μ30
Mailing Address 1553 Vance Ave		\$
City, State, Zip Code		
Memphis, TN 38104	<u> </u>	\$
Name of Employer (Required)		\$
best effort		· 1
Occupation (Required) best effort	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	9 / 29 / 15	\$ 500
J. Steven Lake		, pos
Mailing Address 2451 Verna Ct.		\$
City, State, Zip Code		
Palm Springs, CA 92262-6281	/	\$
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate	\$ 500
Retired	year-to-date	·
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 25 / 15	\$ 1000
Geroge Cheesten	<u> </u>	4 11000
Mailing Address		\$
5 Tally Ho. Dr.		
City, State, Zip Code		\$
Starkville, MS 39759		
Name of Employer (Required) Self-Employed	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 1000
Property Owner and Manager	year-to-date	A
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> </u>	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year–to-date	\$

Reporting period July 26, 2015

through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
The Feldman Group, Inc.	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 28 / 15	\$ 18,600
1990 M. Street NW, Suite 510		
City, State, Zip Code	, ,	\$
Washington, D.C. 20036		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 18,600
B. Full name	Date	Amount of each
Jessica McNamara	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 2 / 15	\$ 4,957.00
654 Park Place, #1LF		G 4,337.00
City, State, Zip Code	, ,	\$
Brooklyn, NY 11216		4
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,617.00
C. Full name	Date	Amount of each
Kustom World Printz	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 19 / 15	\$ \$600
932 Carver St. Ext.		J J J J J J J J J J
City, State, Zip Code	, ,	\$
	· · · · · · · · · · · · · · · · · · ·	*
West Point, MS 39773		
West Point, MS 39773 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600
		Amount of each
Purpose of Disbursement (Optional) D. Full name	Year-to-date	
Purpose of Disbursement (Optional) D. Full name DACO, LLC	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name DACO, LLC Mailing Address	Year-to-date Date	Amount of each
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr.	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15	Amount of each disbursement this period \$ 1,699.34
D. Full name DACO, LLC Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15	Amount of each disbursement this period \$ 1,699.34
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional)	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15 8 / 25 / 15 Aggregate	Amount of each disbursement this period \$ 1,699.34 \$ 534.52
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15 8 / 25 / 15 Aggregate Year-to-date	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional)	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15 8 / 25 / 15 Aggregate Year-to-date Date	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15 8 / 25 / 15 Aggregate Year-to-date Date (Mo., Day, Year) 8 / 25 / 15	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter Mailing Address	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15 8 / 25 / 15 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period \$ 1,200
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter Mailing Address City, State, Zip Code	Year-to-date Date (Mo., Day, Year) 8 / 19 / 15 8 / 25 / 15 Aggregate Year-to-date Date (Mo., Day, Year) 8 / 25 / 15	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period \$ 1,200
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter Mailing Address City, State, Zip Code Columbus, MS 39701	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period \$ 1,200 \$ 1,200 Amount of each
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter Mailing Address City, State, Zip Code Columbus, MS 39701 Purpose of Disbursement (Optional)	Year-to-date Date (Mo., Day, Year) 8	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period \$ 1,200 \$ 1,200
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter Mailing Address City, State, Zip Code Columbus, MS 39701 Purpose of Disbursement (Optional) F. Full name	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period \$ 1,200 \$ 1,200 Amount of each
Purpose of Disbursement (Optional) D. Full name DACO, LLC Mailing Address 441 Northdale Dr. City, State, Zip Code Columbus, MS 39705 Purpose of Disbursement (Optional) E. Full name Louisa Porter Mailing Address City, State, Zip Code Columbus, MS 39701 Purpose of Disbursement (Optional) F. Full name Lauren Prince	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 1,699.34 \$ 534.52 \$ 5,147.00 Amount of each disbursement this period \$ 1,200 \$ 1,200 Amount of each disbursement this period

Reporting period July 26, 2015

through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cumulus, Inc.	(MO., Day, Tear)	disputsement this period
Mailing Address	9 / 3 / 15	\$ 400
City, State, Zip Code	9 / 11 / 15	\$ 1560
Columbus, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,200
B. Full name	Date (M. Day York)	Amount of each disbursement this period
Urban Radio Group	(Mo., Day, Year)	dispursement this period
Mailing Address	8 / 9 / 15	\$ 1,660
City, State, Zip Code	9 / 17 / 15	\$ 2,308
Starkville, M5		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,968
C. Full name	Date	Amount of each
DACO, LLC	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 19 / 15	\$ 427
441 Northdale Dr.	<u> </u>	
City, State, Zip Code	9 / 24 / 15	\$ 1,012
Columbus, MS 39705		* ','
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,147.00
D. Full name	Date	Amount of each
Cumulus, Inc.	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 22 / 15	\$ 260
City, State, Zip Code	1 1	S
Columbus, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,220
E. Full name	Date	Amount of each
Lauren Prince	(Mo., Day, Year)	disbursement this period
Mailing Address	9 / 24 / 15	\$ 252
City, State, Zip Code	9 / 11 / 15	\$ 230.50
Starkville, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 686.50
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MJ DeskTop Publishing	(MO., Day, Year)	disparation and period
Mailing Address	9 / 24 / 15	\$ 357.50
Maning Address		
City, State, Zip Code Columbus, MS		s

Reporting period July 26, 2015

through September 30, 2015

ITEMIZED DISBURSEMENTS

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