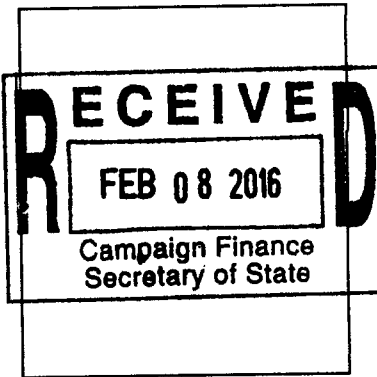
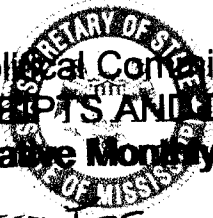


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee BETTER SCHOOLS BETTER JOBS
Address 599-C STEED ROAD, RIDGELAND MS 39157
Telephone 601-898-8875 Fax _____
Director _____ Treasurer CHARLOS LINDSAY

Check here if above is different from previous report

TYPE OF REPORT

JANUARY, 2016 Monthly Report (due 10th of following Month).....Mandatory
(Month)

Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500.00 + \$ 224.41	\$ 724.41	\$ 724.41
Total amount of disbursements	\$ 43635.98 + \$ 8.89	\$ 43644.87	\$ 43644.87
Total amount of cash on hand <u>12/31/16</u>	<u>42920.46</u>	\$ - 0 -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Charlos Lindsay
Signature of Director or Treasurer

2/2/16
Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

Name of Candidate or Committee Better Schools, Better JobsReporting period January 1, 2016 through January 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name NGP Van	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 48 Grove Street	1 / 2 / 16	\$ 500.00
City, State, Zip Code Somerville MA 02144	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
B. Full name Huffman and Rejebian	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 120 N. Congress Street	1 / 2 / 16	\$ 20,625.00
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 20,625.00
C. Full name Movable Relocation and Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 22504	1 / 25 / 16	\$ 250.00
City, State, Zip Code Jackson, MS 39225	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
D. Full name Comcast	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5355 I-55 North	1 / 25 / 16	\$ 285.84
City, State, Zip Code Jackson, MS 39206	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 285.84
E. Full name Fortification E. LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 388 Highland Colony Parkway	1 / 26 / 16	\$ 1,000.00
City, State, Zip Code Ridgeland, MS 39157	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
F. Full name Ricoh	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 740540	1 / 6 / 16	\$ 395.39
City, State, Zip Code Atlanta, GA 30374	1 / 13 / 16	\$ 98.44
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 493.83

Name of Candidate or Committee Better Schools Better JobsReporting period January 1, 2016 through January 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wholesale Service Center		
Mailing Address	<u>1</u> / <u>29</u> / <u>16</u>	\$ 17,981.31
7300 Turfway Drive		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Florence, KY 41042		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 17,981.31
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cornerstone Consulting Group		
Mailing Address	<u>1</u> / <u>31</u> / <u>16</u>	\$ 2,500.00
101 Merlot Cove		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Clinton, MS 39056		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,500.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Better Schools, Better Jobs

Reporting period January 1, 2016 through January 31, 2016

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>Huffman and Rejebian</u>	<u>1</u> / <u>31</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>120 North Congress Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</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>500.00</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> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </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> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </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> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </u>