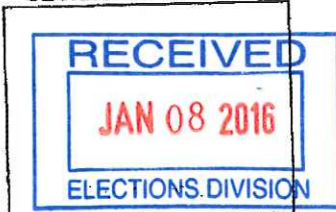


2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Committee Mississippi Safety & Justice
Address P.O. Box 1803 Jackson, MS 39215 County Hinds
Telephone (601) 526-1010 Fax _____
Treasurer Nsombi Lambricht Email Address mssafetyandjustice@gmail.com

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 ReportMandatory
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 receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 101,500.00	+	\$ 0.00	\$ 101,500.00	\$ 926,500.00
Total amount of disbursements	\$ 294,603.48	+	\$ 0.00	\$ 294,603.48	\$ 923,226.45
Total amount of cash on hand				\$ 3,273.55	

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

Signature of Director or Treasurer Nsombi Lambricht

Date 1-8-16

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Mississippi Safety & Justice
Reporting period 10/25/2015 through 12/31/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 _____	10 / 28 / 15	\$ 101,500.00
George Soros		
Mailing Address _____	/ /	\$
888 7th Ave		
City, State, Zip Code _____	/ /	\$
New York, NY 10106-0001		
Name of Employer (Required) _____	/ /	\$
Soros Fund Management LLC		
Occupation (Required) _____	Aggregate year-to-date	\$ 926,500.00
Chairman		
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 _____	/ /	\$
Mailing Address _____	/ /	\$
City, State, Zip Code _____	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$
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	\$

Mississippi Safety & Justice

Name of Candidate or Committee

Reporting period 10/25/2015

through 12/31/2015

ITEMIZED DISBURSEMENTS

A. Full name Amalgamated Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1825 K St NW	10 / 28 / 15	\$ 134.01
City, State, Zip Code Washington, DC 20006	11 / 25 / 15	\$ 421.26
Purpose of Disbursement (Optional) Bank Fee	Aggregate Year-to-date	\$ 723.89
B. Full name Amalgamated Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1825 K St NW	12 / 23 / 15	\$ 79.10
City, State, Zip Code Washington, DC 20006	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Bank Fee	Aggregate Year-to-date	\$ 723.89
C. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Ln, Suite 1600	10 / 26 / 15	\$ 81,810.00
City, State, Zip Code New York, NY 10038	10 / 26 / 15	\$ 12,300.00
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 716,125.72
D. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Ln, Suite 1600	10 / 26 / 15	\$ 68,390.00
City, State, Zip Code New York, NY 10038	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Independent Expenditure - Oppose Forrest Allgood	Aggregate Year-to-date	\$ 716,125.72
E. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Ln, Suite 1600	10 / 26 / 15	\$ 12,300.00
City, State, Zip Code New York, NY 10038	10 / 30 / 15	\$ 10,026.78
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 716,125.72
F. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Ln, Suite 1600	10 / 30 / 15	\$ 10,097.47
City, State, Zip Code New York, NY 10038	11 / 3 / 15	\$ 2,000.00
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 716,125.72

Name of Candidate or Committee Mississippi Safety & Justice
 Reporting period 10/25/2015 through 12/31/2015

ITEMIZED DISBURSEMENTS

A. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Ln, Suite 1600	10 / 30 / 15	\$ 979.21
City, State, Zip Code New York, NY 10038	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Independent Expenditure - Oppose Forrest Allgood	Aggregate Year-to-date	\$ 716,125.72
B. Full name Berlin Rosen, LTD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15 Maiden Ln, Suite 1600	11 / 06 / 15	\$ 1,508.32
City, State, Zip Code New York, NY 10038	11 / 12 / 15	\$ 8,148.43
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom	Aggregate Year-to-date	\$ 716,125.72
C. Full name D.L. Johnson Consultants, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5943 Kenview Dr	11 / 20 / 15	\$ 6,000.00
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Strategic Consulting Services	Aggregate Year-to-date	\$ 6,000.00
D. Full name e3 Creative	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 120 Ralph McGill Blvd NE	10 / 30 / 15	\$ 7,500.00
City, State, Zip Code Atlanta, GA 30308	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Communications Consulting Services	Aggregate Year-to-date	\$ 7,500.00
E. Full name GRSG Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5922 Excelsior Blvd	10 / 28 / 15	\$ 44,000.00
City, State, Zip Code Minneapolis, MN 55416	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Independent Expenditure - Support Scott Colom/Oppose Forrest Allgood	Aggregate Year-to-date	\$ 90,000.00
F. Full name Lambright LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4829 Maplewood Dr	11 / 19 / 15	\$ 6,000.00
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Strategic Consulting Services	Aggregate Year-to-date	\$ 6,000.00

Mississippi Safety & Justice

Name of Candidate or Committee _____
 Reporting period 10/25/2015 through 12/31/2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mandate Media	10 / 30 / 15	\$ 1,500.00
Mailing Address PO Box 80151	___ / ___ / ___	
City, State, Zip Code Portland, OR 97280	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Independent Expenditure - Oppose Forrest Allgood	Aggregate Year-to-date	\$ 1,500.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Perkins Cole, LLP	10 / 30 / 15	\$ 12,820.20
Mailing Address 1201 3rd Ave	___ / ___ / ___	
City, State, Zip Code Seattle, WA 98101	11 / 04 / 15	\$ 8,138.70
Purpose of Disbursement (Optional) Legal & Compliance Services	Aggregate Year-to-date	\$ 20,958.90
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP VAN, Inc.	11 / 02 / 15	\$ 450.00
Mailing Address 1101 15th St NW	___ / ___ / ___	
City, State, Zip Code Washington, DC 20005	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Database Services	Aggregate Year-to-date	\$ 900.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$