

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

1. Name of committee Mississippi Federation for Children Political Action Committee
2. Address of committee 1660 L St., NW Ste. 1000
City, State, Zip Washington, DC 20036 Email llisker@hdafec.com
Phone 703-281-7540 FAX
Contact Person Lisa Lisker Phone 703-281-7540 Email llisker@hdafec.com
Contact Full Address 228 S. Washington St., Ste. 115 Alexandria, VA 22314

3. Is the committee registered with the Federal Election Commission (FEC)? Yes
FEC Identification Number X No

4. If the committee is authorized by a candidate:
Name of Candidate N/A
Address
Office sought Party

5. Describe, as concisely as possible, the purpose of this committee and, if applicable, the identification of affiliated or connected organizations:
Contribute to Mississipp nonfederal candidates who support quality education.
Connected Org: American Federation for Children (address is the same)

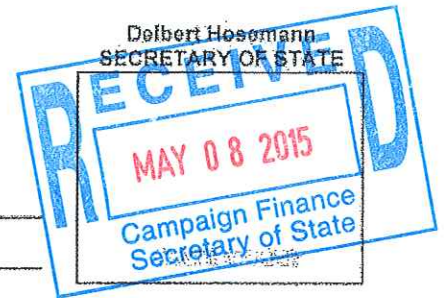
6. Names and addresses of all officers: (attach separate sheet if necessary)
A. Name Greg Brock Office Chairman
Address 1660 L St., NW Ste. 1000 Washinaton, DC 20036
B. Name Lisa Lisker Office Treasurer
Address 228 S. Washington St., Ste. 115 Alexandria, VA 22314
C. Name Office
Address
D. Name Office
Address

7. Director Greg Brock (Type Name) [Signature] (Signature) February 27, 2015 (Date)
8. Treasurer Lisa Lisker (Type Name) [Signature] (Signature) 2/27/15 (Date)

- Send To:
1. Political Committees associated with statewide or multi-county elections should return the form to: Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205.
2. Political Committees associated with single county elections should return this form to their County Circuit Clerk.
3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.

2015 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election



Name of Committee Mississippi Federation for Children Political Action Committee
 Address 1660 L St, NW Ste. 1000 Washington, DC 20036 County n/a
 Telephone 703-281-7540 Fax _____
 Treasurer Lisa Lisker Email Address llisker@hdafec.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
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)Mandatory
- 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	\$400000.00 + \$0.00	\$400000.00	\$400000.00
Total amount of disbursements	\$360000.00 + \$4.77	\$360004.77	\$360004.77
Total amount of cash on hand		\$39995.23	

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

Lisa Lisker
 Signature of Director or Treasurer

5/7/2015
 Date

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

SEND TO:

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

Name of Candidate or Committee Mississippi Federation for Children PAC
 Reporting period 2/27/15 through 4/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name		
<u>Jim Walton</u>	<u>03 / 06 / 15</u>	\$ <u>200000.00</u>
Mailing Address		
<u>PO Box 1860</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code		
<u>Bentonville, AR 72712</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)		
<u>Arvest Bank</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required)		
<u>Chairman</u>	Aggregate year-to-date	\$ <u>200000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name		
<u>Joel Bomgar</u>	<u>03 / 09 / 15</u>	\$ <u>200000.00</u>
Mailing Address		
<u>357 Kiowa Dr.</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code		
<u>Madison, MS 39110</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)		
<u>Bomgar Corporation</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required)		
<u>Founder/CEO</u>	Aggregate year-to-date	\$ <u>200000.00</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) _____		
Full name		
<u> </u>	<u> / / </u>	\$ <u> </u>
Mailing Address		
<u> </u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code		
<u> </u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)		
<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) _____		
Full name		
<u> </u>	<u> / / </u>	\$ <u> </u>
Mailing Address		
<u> </u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code		
<u> </u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)		
<u> </u>	<u> / / </u>	\$ <u> </u>
Occupation (Required)		
<u> </u>	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Mississippi Federation for Children PAC
 Reporting period 2/27/15 through 4/30/15

ITEMIZED DISBURSEMENTS

A. Full name Empower PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 741 Avignon Dr., Ste. C	03 / 30 / 15	\$ 200000.00
City, State, Zip Code Ridgeland, MS 39157	04 / 23 / 15	\$ 160000.00
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 360000.00
B. 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	\$
C. 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	\$
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	\$

FAX COVER SHEET

TO	MS Secretary of state
COMPANY	Elections Divison
FAXNUMBER	16015762545
FROM	KEITHDAVIS
DATE	2015-05-08 19:48:55 GMT
RE	Mississippi Federation for Children PAC-5/8filing

COVER MESSAGE

attached please find our 5/8 filing--total is 4 pages including cover.