

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee	FEC IDENTIFICATION NUMBER C C00495010
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee KZIM/KSIM		Date MM / DD / YYYY 05 / 31 / 2013
Mailing Address 324 Broadway Street		Amount 1719.55
City Cape Girardeau	State MO	Zip Code 63701-7331
Purpose of Expenditure Radio Advertising 6/1 to 6/5	Category/Type	Transaction ID : 75808
Name of Federal Candidate Supported or Opposed by Expenditure: Jason Smith		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		2013 <input checked="" type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 1719.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly Lawler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
05 / 31 / 2013

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24N
Transaction ID :

To report Expenditures for Special Election being held 6/4/2013 in MO

Form/Schedule:
Transaction ID: