24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
REMEMBER MISSISSIPPI		
	C C00641423	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
RIGEL STRATEGIES	08 13 2018	
Mailing Address 3948 LEGACY DR STE 106-282	Amount	
City State	Zip Code 13903.33	
PLANO TX	75023 Transaction ID : SE.4696 Date of Disbursement or Obligation	
Purpose of Expenditure DIGITAL MEDIA	Category/ Type 08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Office Sought: House District: 00	
HYDE-SMITH, CINDY, , ,	President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2018 ✓ Other (specify) ► Special-General	
Full Name of Payee RIGEL STRATEGIES	Date of Public Distribution/Dissemination	
Mailing Address 3948 LEGACY DR STE 106-282	08 13 2018	
3948 LEGACY DR STE 106-282	Amount	
City State	Zip Code 37388.50	
PLANO TX	75023 Transaction ID : SE.4697 Date of Disbursement or Obligation	
Purpose of Expenditure TV MEDIA	Category/ Type 08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Office Sought: House District: 00	
HYDE-SMITH, CINDY, , ,	▼ Oppose President ▼ Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2018 ✓ Other (specify) ► Special-General	
(a) CURTOTAL of Harrison Independent Funerality		
(a) SUBTOTAL of Itemized Independent Expenditures	51291.83	
(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.		
	Electronically Filed] Date 08 15 2018	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
REMEMBER MISSISSIPPI	C C00641423	
	O	
Check if 24-hour report 48-hour report New report Amends report filed on Man / Amends report		
Full Name of Payee RIGEL STRATEGIES	Date of Public Distribution/Dissemination	
MOLL STRATEGILS	08 13 2018	
Mailing Address 3948 LEGACY DR STE 106-282	Amount	
City State Zip Code	7500.00	
PLANO TX 75023	Transaction ID : SE.4698 Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA PRODUCTION Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	ce Sought: House District: 00	
HYDE-SMITH, CINDY, , ,	President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought Dist 2018	oursement For: Primary General B Cother (specify) ► Special-General	
Full Name of Payee	Date of Public Distribution/Dissemination	
	M M / D D / Y Y Y Y	
Mailing Address	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M - M / D - D / Y - Y - Y - Y	
Name of Federal Candidate Support Offic	ce Sought: House District:	
Oppose	President Senate State:	
Calendar Year-To-Date Dist	pursement For: Primary General	
Per Election for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	58791.83	
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.		
	08 15 2018	
Signature		