

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action	FEC IDENTIFICATION NUMBER ▼ C C00524181
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 5 Mapleton Rd Ste 360		Amount 13915.00	
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : ED601654A7D554F99BFF Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Purpose of Expenditure IE-Cochran-Media Production		Category/Type	
Name of Federal Candidate Thad Cochran		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		873232.19	Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ► _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	13915.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	13915.00

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.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
05 / 29 / 2014

Signature