

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

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND		FEC IDENTIFICATION NUMBER C C00448696
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		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date MM / DD / YYYY 10 / 30 / 2013
Mailing Address 5 Mapleton Rd., Ste. 300		Amount 11759.60
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure IE-McDaniel-Media Production	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4913

Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND		Date MM / DD / YYYY 10 / 19 / 2013
Mailing Address 228 S. WASHINGTON ST., STE. 115		Amount 104.30
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure IE-McDaniel-Online Processing	Category/Type 003	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4912

(a) SUBTOTAL of Itemized Independent Expenditures.....	11863.90
(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.

Lisa Lisker
Signature

[Electronically Filed] Date MM / DD / YYYY
10 / 30 / 2013

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

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00448696 </div>
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 SENATE CONSERVATIVES FUND		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 29 / 2013 </div>
Mailing Address 228 S. WASHINGTON ST., STE. 115		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">724.65</div>
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : SE.4911	
Purpose of Expenditure IE-McDaniel-Online Processing	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">003</div>	Office Sought: <input type="checkbox"/> House State: MS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> / / </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
City State Zip Code	Transaction ID : SE.4911	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	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 <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">724.65</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">12588.55</div>

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.

Lisa Lisker
 Signature _____ [Electronically Filed] Date

10 / 30 / 2013