

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Mississippi Conservatives

ADDRESS (number and street) PO Box 2096
Check if different than previously reported. (ACC) Jackson MS 39225

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00554774 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 06 / 24 / 2014 in the State of MS
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 05 / 15 / 2014 through 06 / 04 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Brian Perry

Signature of Treasurer Mr. Brian Perry [Electronically Filed] Date 09 / 02 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="132600.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1280000.00"/>	<input type="text" value="2162143.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1412600.02"/>	<input type="text" value="2162143.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1324032.25"/>	<input type="text" value="2073575.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="88567.77"/>	<input type="text" value="88567.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period: From: 05 / 15 / 2014 To: 06 / 04 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	865000.00	1490950.00
(ii) Unitemized.....	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	865000.00	1491250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	415000.00	420693.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	1280000.00	1911943.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	250150.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	50.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1280000.00	2162143.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1280000.00	2162143.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	67125.10	164384.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	67125.10	164384.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1036757.15	1659040.62
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	220150.00	250150.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1324032.25	2073575.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1324032.25	2073575.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1280000.00	1911943.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1280000.00	1911943.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	67125.10	164384.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	67125.10	164384.61

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mississippi Conservatives

A. Michael Bloomberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Third Avenue
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bloomberg Inc. Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250000.00**

Date of Receipt **05 / 19 / 2014**
Transaction ID : SA11AI.4426
 Amount of Each Receipt this Period **250000.00**
 Memo Item
 Contribution

B. James Creekmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Cypress Lane
 City Jackson State MS Zip Code 39211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Telapex Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **15000.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : SA11AI.4399
 Amount of Each Receipt this Period **5000.00**
 Memo Item
 Contribution

C. Wade Creekmore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1018 Highland Colony Parkway Suite 500
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Telapex Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **15000.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : SA11AI.4400
 Amount of Each Receipt this Period **5000.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	260000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)
A. Crow Holdings

Mailing Address 3819 Maple Ave.

City Dallas State TX Zip Code 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
 25000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Mr. Howard Leach

Mailing Address 399 Park Avenue

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leach Capital LLC President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.4401

Amount of Each Receipt this Period
 25000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C. John Nau

Mailing Address 7777 Washington Ave.

City Houston State TX Zip Code 77007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Silver Eagle Distributors, LP President and C.E.O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.4422

Amount of Each Receipt this Period
 100000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

A. Hon. John Palmer
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3747

City Jackson	State MS	Zip Code 39225
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Investor
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2014

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

B. Sean Parker
Full Name (Last, First, Middle Initial)
Mailing Address 40 W 10th St.

City New York	State NY	Zip Code 10011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Entrepreneur
-----------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period
250000.00

Memo Item
Contribution

C. Mr. Joe Sanderson
Full Name (Last, First, Middle Initial)
Mailing Address PO Bo 988

City Laurel	State MS	Zip Code 39441
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Sanderson Farms	Occupation Chairman and CEO
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	22	/	2014

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
100000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	355000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)
A. Warren Stephens

Mailing Address 111 Center St

City Little Rock State AR Zip Code 72203

FEC ID number of contributing federal political committee. **C**

Name of Employer Stephens Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
05 / 28 / 2014
Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
50000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)
B. WDL Holdings LLC

Mailing Address 589 Highland Colony Park Suite 120

City Ridgeland State MS Zip Code 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
05 / 16 / 2014
Transaction ID : SA11AI.4433

Amount of Each Receipt this Period
50000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	865000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

A. AMERICAN CROSSROADS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 34413

City WASHINGTON	State DC	Zip Code 20043
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FEC ID number of contributing federal political committee. **C** C00487363

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2014

Transaction ID : SA11C.4430

Amount of Each Receipt this Period
120000.00

Memo Item
Contribution

B. AMERICAN CROSSROADS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 34413

City WASHINGTON	State DC	Zip Code 20043
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FEC ID number of contributing federal political committee. **C** C00487363

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
160000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	29	/	2014

Transaction ID : SA11C.4416

Amount of Each Receipt this Period
40000.00

Memo Item
Contribution

C. BLUEGRASS COMMITTEE
Full Name (Last, First, Middle Initial)
Mailing Address 220 1/2 E ST., NE

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	27	/	2014

Transaction ID : SA11C.4414

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	210000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

A. MAIN STREET ADVOCACY

Full Name (Last, First, Middle Initial)
Mailing Address 1200 PENNSYLVANIA AVE NW
PO BOX 4096

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C90013004

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
05 / 27 / 2014
Transaction ID : SA11C.4413

Amount of Each Receipt this Period
100000.00

Memo Item
Contribution

B. PROMOTING OUR REPUBLICAN TEAM PAC

Full Name (Last, First, Middle Initial)
Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

FEC ID number of contributing federal political committee. **C** C00440032

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
05 / 30 / 2014
Transaction ID : SA11C.4417

Amount of Each Receipt this Period
25000.00

Memo Item
Contribution

C. RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)
Mailing Address 209 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00344648

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 27 / 2014
Transaction ID : SA11C.4412

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	130000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)
A. ROCK CITY PAC

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City	State	Zip Code
FRANKLIN	TN	37069

FEC ID number of contributing federal political committee. **C** C00436410

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : SA11C.4418

Amount of Each Receipt this Period
25000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. TEXANS FOR A CONSERVATIVE MAJORITY

Mailing Address PO BOX 817

City	State	Zip Code
AUSTIN	TX	78767

FEC ID number of contributing federal political committee. **C** C00542217

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	28	/	2014

Transaction ID : SA11C.4415

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75000.00
TOTAL This Period (last page this line number only).....▶	415000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Social Media Buys

004

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : **SB21B.4392**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Political Strategy Consulting

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : **SB21B.4393**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paradigm Government Relations

Mailing Address 530 George St.

City Jackson State MS Zip Code 39202

Purpose of Disbursement
Canvassing / Get Out The Vote (GOTV)

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : **SB21B.4317**

Amount of Each Disbursement this Period

25000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

29000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Paradigm Government Relations

Mailing Address 530 George St.

City Jackson State MS Zip Code 39202

Purpose of Disbursement
Canvassing / Get Out The Vote

Category/
Type

Candidate Name

Mississippi Conservatives

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.4391

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Howell & Company

Mailing Address 3900 Willow St.
Suite 200

City Dallas State TX Zip Code 75226

Purpose of Disbursement
Shipping Fees

Category/
Type

Candidate Name

Mississippi Conservatives

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.4436

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Howell & Company

Mailing Address 3900 Willow St.
Suite 200

City Dallas State TX Zip Code 75226

Purpose of Disbursement
Shipping Cost

Category/
Type

Candidate Name

Mississippi Conservatives

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.4434

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Susan Smith

Mailing Address 210 E Capitol St.
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement
GOTV Expenses

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : SB21B.4383

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : SB21B.4372

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : SB21B.4842

Amount of Each Disbursement this Period

-15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SB21B.4376

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SB21B.4843

Amount of Each Disbursement this Period

-20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : SB21B.4373

Amount of Each Disbursement this Period

15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SB21B.4844

Amount of Each Disbursement this Period

-15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SB21B.4377

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SB21B.4845

Amount of Each Disbursement this Period

-20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

-15.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : SB21B.4381

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.4378

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.4379

Amount of Each Disbursement this Period

20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name
Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.4380

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name
Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.4846

Amount of Each Disbursement this Period

-20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name
Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.4847

Amount of Each Disbursement this Period

-20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

-25.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Incoming Wire Transfer Fee

001

Candidate Name
Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : **SB21B.4853**

Amount of Each Disbursement this Period

-15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name
Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : **SB21B.4375**

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name
Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : **SB21B.4848**

Amount of Each Disbursement this Period

-20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

-15.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.4384

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.4388

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.4849

Amount of Each Disbursement this Period

-20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.4850

Amount of Each Disbursement this Period

-20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.4385

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.4386

Amount of Each Disbursement this Period

20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Banking Fees

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.4387

Amount of Each Disbursement this Period

375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Interest Payment on Loan

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.4449

Amount of Each Disbursement this Period

2084.84

Memo Item

Full Name (Last, First, Middle Initial)

C. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Mississippi Conservatives

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.4851

Amount of Each Disbursement this Period

-20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2439.84

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Wire Transfer Fee

001

Category/
Type

Candidate Name

Mississippi Conservatives

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SB21B.4852

Amount of Each Disbursement this Period

-20.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

-20.00

TOTAL This Period (last page this line number only)..... ▶

67125.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Loan Payment

Category/
Type

Candidate Name
Mississippi Conservatives

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB26.4429

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Mississippi Conservatives** Transaction ID : **SC/10.4227**

LOAN SOURCE Full Name (Last, First, Middle Initial) Trustmark Bank	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 190 E Capitol St.		
City Jackson	State MS	ZIP Code 39201

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250150.00	250150.00	0.00

TERMS

Date Incurred: MM / DD / YYYY (01 / 29 / 2014) Date Due: MM / DD / YYYY (06/03/14) Interest Rate: 2.86 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Hon. Haley Barbour	Name of Employer BGR Group
Mailing Address 648 Dogwood Dr.	Occupation Founding Partner
City State ZIP Code Yazoo City MS 39194	Amount Guaranteed Outstanding: 0.00 Transaction ID : SC/10.4227.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Mississippi Conservatives
FEC IDENTIFICATION NUMBER
C C00554774

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Radio Ad Buy, Category/Type: 004
Date of Public Distribution/Dissemination: 05/30/2014
Amount: 10968.00
Transaction ID: SE.4365
Date of Disbursement or Obligation: 05/30/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel, Oppose
Office Sought: Senate, State: MS
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1655008.62

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Pandora Digital Buy, Category/Type: 004
Date of Public Distribution/Dissemination: 05/30/2014
Amount: 3000.00
Transaction ID: SE.4366
Date of Disbursement or Obligation: 05/30/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel, Oppose
Office Sought: Senate, State: MS
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1658008.62

(a) SUBTOTAL of Itemized Independent Expenditures: 13968.00
(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.

Mr. Brian Perry
[Electronically Filed]
Date: 09/02/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee American Media & Advocacy Group <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 05 / 30 / 2014	
Mailing Address 815 Slaters Lane		Amount -10968.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4840
Purpose of Expenditure Radio Ad Buy	Category/Type 004	Date of Disbursement or Obligation 05 / 30 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought 1662040.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee American Media & Advocacy Group <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 05 / 30 / 2014	
Mailing Address 815 Slaters Lane		Amount -3000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4841
Purpose of Expenditure Pandora Digital Buy	Category/Type 004	Date of Disbursement or Obligation 05 / 30 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought 1659040.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	-13968.00
(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.

Mr. Brian Perry [Electronically Filed] Date 09 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Mississippi Conservatives
FEC IDENTIFICATION NUMBER
C C00554774
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Scott Howell & Company
Mailing Address: 3900 Willow St. Suite 200
City: Dallas State: TX Zip Code: 75226
Purpose of Expenditure: TV ad buy Category/Type: 004
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 329620.00
Transaction ID: SE.4278
Date of Disbursement or Obligation: 05/16/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Office Sought: Senate State: MS
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 951903.47

Full Name of Payee: Scott Howell & Company
Mailing Address: 3900 Willow St. Suite 200
City: Dallas State: TX Zip Code: 75226
Purpose of Expenditure: Radio ad buy Category/Type: 004
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 49986.00
Transaction ID: SE.4279
Date of Disbursement or Obligation: 05/16/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Office Sought: Senate State: MS
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 1001889.47

(a) SUBTOTAL of Itemized Independent Expenditures: 379606.00
(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.
Mr. Brian Perry [Electronically Filed] Date 09/02/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Mississippi Conservatives
FEC IDENTIFICATION NUMBER
C C00554774
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Scott Howell & Company
Mailing Address: 3900 Willow St. Suite 200
City: Dallas State: TX Zip Code: 75226
Purpose of Expenditure: Radio Ad Buy Category/Type: 004
Date of Public Distribution/Dissemination: 05/21/2014
Amount: 6915.00
Transaction ID: SE.4328
Date of Disbursement or Obligation: 05/21/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Support: [] Oppose: [x]
Office Sought: [] President [x] Senate
State: MS
Disbursement For: [x] Primary [] General
Calendar Year-To-Date Per Election for Office Sought: 1049193.99

Full Name of Payee: Scott Howell & Company
Mailing Address: 3900 Willow St. Suite 200
City: Dallas State: TX Zip Code: 75226
Purpose of Expenditure: Radio Ad Buy Category/Type: 004
Date of Public Distribution/Dissemination: 05/22/2014
Amount: 5000.00
Transaction ID: SE.4331
Date of Disbursement or Obligation: 05/22/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Support: [] Oppose: [x]
Office Sought: [] President [x] Senate
State: MS
Disbursement For: [x] Primary [] General
Calendar Year-To-Date Per Election for Office Sought: 1054193.99

(a) SUBTOTAL of Itemized Independent Expenditures: 11915.00
(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.

Signature: Mr. Brian Perry [Electronically Filed] Date: 09/02/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 15000.00
City State Zip Code Dallas TX 75226	Transaction ID : SE.4332 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: MS
Calendar Year-To-Date Per Election for Office Sought 1069193.99	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 294883.00
City State Zip Code Dallas TX 75226	Transaction ID : SE.4341 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 22 / 2014
Purpose of Expenditure TV Ad Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: MS
Calendar Year-To-Date Per Election for Office Sought 1456574.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	309883.00
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Scott Howell & Company		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014
Mailing Address 3900 Willow St. Suite 200			Amount -5000.00
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4839
Purpose of Expenditure Radio Ad Buy	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1466576.30			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Scott Howell & Company		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200			Amount 35030.00
City Dallas	State TX	Zip Code 75226	Transaction ID : SE.4346
Purpose of Expenditure Radio Ad Buy	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1501606.30			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30030.00
(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.

Mr. Brian Perry
Signature

[Electronically Filed] Date **09 / 02 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 15000.00
City State Zip Code Dallas TX 75226	
Purpose of Expenditure Radio Ad Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
1516606.30	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 35000.00
City State Zip Code Dallas TX 75226	
Purpose of Expenditure TV Media Ad Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
1551606.30	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Scott Howell & Company	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014
Mailing Address 3900 Willow St. Suite 200		Amount 15000.00
City Dallas	State TX	Zip Code 75226
Purpose of Expenditure Media Buy	Category/Type 004	Transaction ID : SE.4389 Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	1673008.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee United States Postal Service	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014
Mailing Address 401 E South St		Amount 19226.23
City Jackson	State MS	Zip Code 39201
Purpose of Expenditure Postage for Mail	Category/Type 004	Transaction ID : SE.4318 Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	1021115.70	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34226.23
(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.

Mr. Brian Perry [Electronically Filed] Date MM / DD / YYYY
09 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee United States Postal Service <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 21 / 2014
Mailing Address 401 E South St	Amount 1976.15
City State Zip Code Jackson MS 39201	Transaction ID : SE.4319 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure Postage for Mail	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 1023091.85

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 269	Amount 19187.14
City State Zip Code Alexandria AL 36250	Transaction ID : SE.4322 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure Mail Production	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 1042278.99

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21163.29
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives
FEC IDENTIFICATION NUMBER C C00554774
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Winning Edge
Mailing Address PO Box 269
City Alexandria State AL Zip Code 36250
Purpose of Expenditure Mail Printing, Production and Postage
Name of Federal Candidate Mr. Christopher Brian McDaniel
Calendar Year-To-Date Per Election for Office Sought 1133897.25
Date of Public Distribution/Dissemination 05/22/2014
Amount 64703.26
Transaction ID: SE.4336
Date of Disbursement or Obligation 05/22/2014
Office Sought: Senate State: MS
Disbursement For: Primary

Full Name of Payee Winning Edge
Mailing Address PO Box 269
City Alexandria State AL Zip Code 36250
Purpose of Expenditure Mail Printing, Production and Postage
Name of Federal Candidate Mr. Christopher Brian McDaniel
Calendar Year-To-Date Per Election for Office Sought 1161691.56
Date of Public Distribution/Dissemination 05/22/2014
Amount 27794.31
Transaction ID: SE.4337
Date of Disbursement or Obligation 05/22/2014
Office Sought: Senate State: MS
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 92497.57
(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.

Mr. Brian Perry

[Electronically Filed]

Date

09/02/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 269	Amount 884466.55
City State Zip Code Alexandria AL 36250	Transaction ID : SE.4354 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Purpose of Expenditure Mail Printing, Production and Postage	Category/Type 004
Name of Federal Candidate Thad Cochran	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
1620072.85	

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 269	Amount 2074.00
City State Zip Code Alexandria AL 36250	Transaction ID : SE.4356 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Purpose of Expenditure Pushcard Production and Distribution	Category/Type 004
Name of Federal Candidate Thad Cochran	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
1622146.85	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70540.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 269	Amount 926.00
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Pushcard Production and Distribution	Transaction ID : SE.4357 Date of Disbursement or Obligation M M / D D / Y Y Y Y 05 / 28 / 2014
Name of Federal Candidate Thad Cochran	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought 1623072.85	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 269	Amount 12883.23
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Mail, Production and Postage	Transaction ID : SE.4362 Date of Disbursement or Obligation M M / D D / Y Y Y Y 05 / 30 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought 1635956.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13809.23
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y
09 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 30 / 2014
Mailing Address PO Box 269	Amount <input type="text"/> 8084.54
City Alexandria State AL Zip Code 36250	Transaction ID : SE.4363 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 05 / 30 / 2014
Purpose of Expenditure Mail, Production and Postage Category/Type <input type="text"/> 004	Name of Federal Candidate Mr. Christopher Brian McDaniel <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1644040.62	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text"/> 8084.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text"/> 1036757.15

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.

Mr. Brian Perry [Electronically Filed] Date / /
09 / 02 / 2016

Signature _____