

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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of MS

5. Covering Period M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 through M M / D D / Y Y Y Y Y Y 11 / 24 / 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 M M / D D / Y Y Y Y Y Y 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="337617.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="3357903.00"/>
(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="337617.10"/>	<input type="text" value="3357903.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="287046.83"/>	<input type="text" value="3307332.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50570.27"/>	<input type="text" value="50570.27"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Mississippi Conservatives

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

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).....	0.00	2476200.00
(ii) Unitemized	0.00	310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	2476510.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	553193.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	3029703.00
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	73000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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))..... ▶	0.00	3357903.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	3357903.00

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	39740.00	841327.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39740.00	841327.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20600.00	177600.00
24. Independent Expenditures (use Schedule E)	26706.83	1838255.62
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	250150.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200000.00	200000.00
(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)).....	200000.00	200000.00
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)) ..	287046.83	3307332.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	287046.83	3307332.73

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)	0.00	3029703.00
34. Total Contribution Refunds (from Line 28(d))	200000.00	200000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-200000.00	2829703.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39740.00	841327.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	73000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39740.00	768327.11

**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. Camille Barbour

Mailing Address 4612 Trawick Dr

City Jackson State MS Zip Code 39211

Purpose of Disbursement
Canvassing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4978

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mala Brooks

Mailing Address PO Box 426

City Leland State MS Zip Code 38756

Purpose of Disbursement
Canvassing / Door to Door GOTV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4971

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mala Brooks

Mailing Address PO Box 426

City Leland State MS Zip Code 38756

Purpose of Disbursement
Canvassing / Door to Door GOTV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4974

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. Connection Strategy LLC

Mailing Address PO Box 2192

City State Zip Code
Arlington VA 22202

Purpose of Disbursement
GOTV ID Phone Calls

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4977

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Griffin Printing and Design

Mailing Address PO Bo 1124

City State Zip Code
Starkville MS 39760

Purpose of Disbursement
Signs

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5004

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Carl Nicholson

Mailing Address PO Box 15099

City State Zip Code
Hattiesburg MS 39401

Purpose of Disbursement
Canvassing / Door-to-Door GOTV

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4970

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. Paradigm Government Relations

Mailing Address 530 George St.

City Jackson State MS Zip Code 39202

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB21B.5003

Amount of Each Disbursement this Period

14000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Floyd Smith

Mailing Address 210 E. Capitol St.
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement
GOTV Canvassing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB21B.4991

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Smith

Mailing Address 210 E Capitol St.
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Gas for Get-Out-the-Vote Efforts

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼
Runoff

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : SB21B.4969

Amount of Each Disbursement this Period

20.00

Memo Item

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

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

14420.00

**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

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Calvin Stewart

Mailing Address 54 Worthington Ave.

City Rolling Fork State MS Zip Code 39159

Purpose of Disbursement
Canvassing / Door-to-Door GOTV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4972

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Sam Thompson

Mailing Address 5250 Davidson Rd.

City Meridian State MS Zip Code 39307

Purpose of Disbursement
Canvassing / Door-to-Door GOTV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4968

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Terrell Thompson

Mailing Address 3608 N Highland Ave.

City Meridian State MS Zip Code 39301

Purpose of Disbursement
Canvassing / Phone Banking / Door-to-Door GOTV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4965

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. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5005

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Winning Edge

Mailing Address PO Box 269

City Alexandria State AL Zip Code 36250

Purpose of Disbursement
Canvassing Materials

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4963

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 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 checked="" 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. ALL CITIZENS FOR MISSISSIPPI

Mailing Address 1750 ELLIS AVENUE

City JACKSON State MS Zip Code 39204

Purpose of Disbursement
Contribution

011

Candidate Name

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
10 / 24 / 2014

Transaction ID : SB23.4967

Amount of Each Disbursement this Period

19000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ALL CITIZENS FOR MISSISSIPPI

Mailing Address 1750 ELLIS AVENUE

City JACKSON State MS Zip Code 39204

Purpose of Disbursement
Contribution

011

Candidate Name

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
10 / 29 / 2014

Transaction ID : SB23.4966

Amount of Each Disbursement this Period

1600.00

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

Amount of Each Disbursement this Period

Memo Item

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

20600.00

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

20600.00

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 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 checked="" 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. Liberty Springs

Mailing Address PO Box 320001

City Flowwood State MS Zip Code 39232

Purpose of Disbursement
Contribution Refund

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB28A.4976

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 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 Calhoun County Journal <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address PO Bo 278	Amount 392.92
City State Zip Code Bruce MS 38915	
Purpose of Expenditure Newspaper Advertisement	Category/Type 004
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
<input checked="" type="checkbox"/> Support <input 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 922.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Capstone Public Affairs LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 2096	Amount 1000.00
City State Zip Code Jackson MS 39225	
Purpose of Expenditure Digital Advertisement	Category/Type 004
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
<input checked="" type="checkbox"/> Support <input 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 8578.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1392.92
(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 <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee Deer Creek Pilot		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 398			Amount <input type="text"/>
City Rolling Fork	State MS	Zip Code 39159	Transaction ID : SE.4914
Purpose of Expenditure Newspaper Advertisement	Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Thad Cochran	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶ _____
			<input type="text"/>

Full Name of Payee Greenwood Commonwealth		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO Box 8050			Amount <input type="text"/>
City Greenwood	State MS	Zip Code 38935	Transaction ID : SE.4959
Purpose of Expenditure Newspaper Advertisement	Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Thad Cochran	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶ _____
			<input type="text"/>

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

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Mr. Brian Perry

Signature _____ [Electronically Filed] Date / /

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

Full Name of Payee Madison County Journal <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 219	Amount 1584.45
City State Zip Code Ridgeland MS 39158	
Purpose of Expenditure Newspaper Advertisement	Category/Type 004
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
<input checked="" type="checkbox"/> Support <input 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 4467.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Magee Courier <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 206 Main Avenue North	Amount 653.40
City State Zip Code Magee MS 39111	
Purpose of Expenditure Newspaper Advertisement	Category/Type 004
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
<input checked="" type="checkbox"/> Support <input 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 5120.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2237.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
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	

Full Name of Payee Natchez Democrat <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 503 N Canal Street	Amount 1257.75
City State Zip Code Natchez MS 39120	Transaction ID : SE.4946 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Newspaper Advertisement	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: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
7578.33	

Full Name of Payee Starkville Daily News <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 304 E. Lampkin Street	Amount 774.00
City State Zip Code Starkville MS 39759	Transaction ID : SE.4960 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Newspaper Advertisement	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: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
26706.83	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2031.75
(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
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 The Carthagian <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 10 / 30 / 2014
Mailing Address PO Box 457	Amount <input type="text" value="9999.99"/> 529.20
City State Zip Code Carthage MS 39051	Transaction ID : SE.4910 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 10 / 23 / 2014
Purpose of Expenditure Newspaper Advertisement	Category/Type <input type="text" value="000"/> 004
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"/> Other (specify) _____ District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="9999.99"/> 529.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name of Payee The Enterprise-Tocsin <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 10 / 30 / 2014
Mailing Address PO Box 650	Amount <input type="text" value="9999.99"/> 439.20
City State Zip Code Indianola MS 38751	Transaction ID : SE.4916 Date of Disbursement or Obligation <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> 10 / 23 / 2014
Purpose of Expenditure Newspaper Advertisement	Category/Type <input type="text" value="000"/> 004
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"/> Other (specify) _____ District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="9999.99"/> 2046.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<input type="text" value="9999.99"/> 968.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<input type="text" value="9999.99"/>
(c) TOTAL Independent Expenditures..... ▶	<input type="text" value="9999.99"/>

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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 The Jackson Advocate <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 3708	Amount 600.00
City State Zip Code Jackson MS 39207	
Purpose of Expenditure Newspaper Advertisement	Category/Type 004
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
<input checked="" type="checkbox"/> Support <input 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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
6320.58	

Full Name of Payee The Mississippi Link <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 11307	Amount 600.00
City State Zip Code Jackson MS 39283	
Purpose of Expenditure Newspaper Advertisement	Category/Type 004
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
<input checked="" type="checkbox"/> Support <input 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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
5720.58	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
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		MM / DD / YYYY

Full Name of Payee The Northside Sun		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address PO Box 16709			Amount 836.51
City Jackson	State MS	Zip Code 39236	Transaction ID : SE.4917
Purpose of Expenditure Newspaper Advertisement	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input 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		2882.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee The Wayne County News		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address PO Box 509			Amount 369.90
City Waynesboro	State MS	Zip Code 39367	Transaction ID : SE.4915
Purpose of Expenditure Newspaper Advertisement	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input 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		1607.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1206.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry

Signature _____ [Electronically Filed] Date MM / DD / YYYY
09 / 02 / 2016

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 10 / 30 / 2014
Mailing Address PO Box 269	Amount 6996.54
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Mail Postage, Printing and Production	Transaction ID : SE.4949 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Thad Cochran	Category/Type 004 Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
15574.87	

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 269	Amount 9232.31
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Mail Postage, Printing and Production	Transaction ID : SE.4950 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Thad Cochran	Category/Type 004 Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
24807.18	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16228.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y
09 / 02 / 2016

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 10 / 31 / 2014
Mailing Address PO Box 269		Amount 500.00
City Alexandria	State AL	
Purpose of Expenditure Newspaper Advertisement	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Thad Cochran		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 25307.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Name of Federal Candidate		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 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	26706.83

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

Signature