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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
REMEMBER MISSISSIPPI	
	C C00641423
Check if 24-hour report 48-hour report New report Amends report f	illed on
Full Name of Payee	Date of Public Distribution/Dissemination
LEFT HAND DESIGN	M M / D D / Y Y Y Y
Mailing Address 7233 MANCHACA RD #37	07 01 2018  Amount
	Amount
City State Zip Code	360.00
AUSTIN TX 78745	Transaction ID: SE.4525  Date of Disbursement or Obligation
Purpose of Expenditure GRAPHIC DESIGN  Category/ Type	04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	office Sought: House District: 00
HYDE-SMITH, CINDY, , ,	President Senate State: MS
Galoridai Todi To Bato	isbursement For: Primary General  Other (specify) Special-General
Full Name of Payee LEFT HAND DESIGN	Date of Public Distribution/Dissemination
Mailing Address 7233 MANCHACA RD #37	07 01 2018 Amount
City State Zip Code	2520.00
AUSTIN TX 78745	Transaction ID : SE.4526  Date of Disbursement or Obligation
Purpose of Expenditure GRAPHIC DESIGN Category/	M - M / D - D / Y - Y - Y
Type	05 11 2018
Name of Federal Candidate Support C	office Sought: House District: 00
HYDE-SMITH, CINDY, , , Oppose	President Senate State: MS
	Other (specify) Special-General
(a) SUBTOTAL of Itemized Independent Expenditures	2880.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	•
BARNETT, TOMMY, , ,  [Electronically Filed] Date	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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

**PAGE** OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ REMEMBER MISSISSIPPI C00641423 **✗** 48-hour report X New report Amends report filed on Check if 24-hour report Full Name of Payee Date of Public Distribution/Dissemination LEFT HAND DESIGN 2018 07 01 Mailing Address 7233 MANCHACA RD #37 Amount State Zip Code City 420.00 **AUSTIN** TX 78745 Transaction ID: SE.4527 Date of Disbursement or Obligation Purpose of Expenditure Category/ **GRAPHIC DESIGN** 07 03 2018 Type Name of Federal Candidate 00 Office Sought: Support House District: HYDE-SMITH, CINDY, , , MS Oppose **X** Senate President State: Disbursement For: Primary General Calendar Year-To-Date 12480.00 2018 Per Election for Office Sought Special-General Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: . Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 420.00 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... 3300.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. BARNETT, TOMMY, , , [Electronically Filed] 07 03 2018 Date Signature