

# 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.   
Mississippi Conservatives

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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)

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="88567.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="805510.00"/>	<input type="text" value="2967653.00"/>
(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="894077.77"/>	<input type="text" value="2967653.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="861809.32"/>	<input type="text" value="2935384.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32268.45"/>	<input type="text" value="32268.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  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).....	673000.00	2163950.00
(ii) Unitemized .....	10.00	310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	673010.00	2164260.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	132500.00	553193.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	805510.00	2717453.00
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))..... ▶	805510.00	2967653.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	805510.00	2967653.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	562972.52	727357.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	562972.52	727357.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	147000.00	147000.00
24. Independent Expenditures (use Schedule E) .....	151836.80	1810877.42
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 .....	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)) ..	861809.32	2935384.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	861809.32	2935384.55

**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) .....	805510.00	2717453.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	805510.00	2717453.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	562972.52	727357.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	562972.52	727357.13

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

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

FOR LINE NUMBER: PAGE 6 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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. Hon. Haley Barbour**  
 Mailing Address 648 Dogwood Dr.  
 City State Zip Code  
 Yazoo City MS 39194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BGR Group Founding Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 35000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.4507**  
 Amount of Each Receipt this Period  
 25000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Paul Benton**  
 Mailing Address 181 Main Street  
 City State Zip Code  
 Biloxi MS 39530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.4542**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Neal Blue**  
 Mailing Address 9756 La Jolla Farms Rd.  
 City State Zip Code  
 La Jolla CA 92037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 General Atomics Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4560**  
 Amount of Each Receipt this Period  
 100000.00  
 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: (check only one)	PAGE 7 OF 52
	<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. Bollinger Shipyards**

Mailing Address PO Box 250

City Lockport State LA Zip Code 70374

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  
06 / 17 / 2014  
**Transaction ID : SA11AI.4520**

Amount of Each Receipt this Period  
25000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Nicholas Brady**

Mailing Address PO Box 1410

City Easton State MD Zip Code 21601

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

Name of Employer Occupation  
Choptank Partners, Inc. Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : SA11AI.4556**

Amount of Each Receipt this Period  
75000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Dean Buntrock**

Mailing Address 1 Tower Lane Ste. 2242

City Oakbrook Terrace State IL Zip Code 60181

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

Name of Employer Occupation  
Office of Dean Buntrock President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 18 / 2014  
**Transaction ID : SA11AI.4496**

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105000.00
<b>TOTAL</b> 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 52
	(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**

Full Name (Last, First, Middle Initial) <b>A. Celeste Bush</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014 <b>Transaction ID : SA11AI.4534</b>
Mailing Address 49665 CR 559		Amount of Each Receipt this Period 500.00
City Schlater	State MS	Zip Code 38952
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rick Calhoon</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : SA11AI.4516</b>
Mailing Address 217 West Capitol St. Ste. 201		Amount of Each Receipt this Period 5000.00
City Jackson	State MS	Zip Code 39201
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Pruett Oil Company	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Fred Carl</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : SA11AI.4539</b>
Mailing Address 701 Parsons		Amount of Each Receipt this Period 5000.00
City Greenwood	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> 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 52
	(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. Martha Dowd Dalrymple**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Drawer 210  
 City Amory State MS Zip Code 38821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 11 / 2014**  
**Transaction ID : SA11AI.4552**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**B. John Dane III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13085 Seaway Road  
 City Gulfport State MS Zip Code 39503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trinity Yachts LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4000.00**

Date of Receipt **06 / 09 / 2014**  
**Transaction ID : SA11AI.4515**  
 Amount of Each Receipt this Period **2000.00**  
 Contribution

**C. Mr. Jamal Daniel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Travis St. Ste. 6800  
 City Houston State TX Zip Code 77002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Crest Investment Company Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **25000.00**

Date of Receipt **06 / 17 / 2014**  
**Transaction ID : SA11AI.4498**  
 Amount of Each Receipt this Period **25000.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **32000.00**  
**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 10 OF 52
	(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. Mr. James Davison**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 607

City Ruston State LA Zip Code 71273

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

Name of Employer Davison Transport Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2014  
**Transaction ID : SA11AI.4554**

Amount of Each Receipt this Period  
 25000.00

Contribution

**B. Robert Day**  
Full Name (Last, First, Middle Initial)

Mailing Address 865 South Figueroa St.

City Los Angeles State CA Zip Code 90017

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

Name of Employer TCW Group, Inc Occupation Founder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.4524**

Amount of Each Receipt this Period  
 25000.00

Contribution

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

Mailing Address PO Box 1639

City Jackson State MS Zip Code 39215

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4395**

Amount of Each Receipt this Period  
 25000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75000.00

**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 11 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

**A. Ronald Gidwitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 S Wacker Dr.  
 Ste. 4000  
 City Chicago State IL Zip Code 60606  
 Date of Receipt 06 / 17 / 2014  
**Transaction ID : SA11AI.4500**  
 Amount of Each Receipt this Period 10000.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GCG Partners Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 10000.00

**B. Mr. David Herro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 E Goethe 3W  
 City Chicago State IL Zip Code 60610  
 Date of Receipt 06 / 17 / 2014  
**Transaction ID : SA11AI.4499**  
 Amount of Each Receipt this Period 25000.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Harris Associates Occupation Investment Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 25000.00

**C. Mr. Robert Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1108  
 City Greenwood State MS Zip Code 38935  
 Date of Receipt 06 / 16 / 2014  
**Transaction ID : SA11AI.4543**  
 Amount of Each Receipt this Period 500.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer 4-Way Electric Company Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35500.00  
**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 12 OF 52
	<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. Mr. Randy James**

Mailing Address 217 W Capitol St.  
Ste. 201

City Jackson State MS Zip Code 39201

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

Name of Employer Pruet Oil Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 13 / 2014  
**Transaction ID : SA11AI.4544**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mrs. Jeanne Luckey**

Mailing Address 2111 Bienville Blvd

City Ocean Springs State MS Zip Code 39564

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : SA11AI.4559**

Amount of Each Receipt this Period  
3000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. Hal Miller III**

Mailing Address PO Box 1123

City Jackson State MS Zip Code 39215

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

Name of Employer Miller Transporters Inc. Occupation Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
06 / 17 / 2014  
**Transaction ID : SA11AI.4521**

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 10000.00

**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 13 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

**A. Mississippi Marine Corporation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2219 Harbor Front Rd.  
 City Greenville State MS Zip Code 38702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.4546**  
 Amount of Each Receipt this Period  
 20000.00  
 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 Occupation  
 Self-Employed Entrepreneur  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : SA11AI.4495**  
 Amount of Each Receipt this Period  
 50000.00  
 Contribution

**C. 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 Occupation  
 Self-Employed Entrepreneur  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : SA11AI.4522**  
 Amount of Each Receipt this Period  
 50000.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120000.00
<b>TOTAL</b> 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 14 OF 52
	<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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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

Full Name (Last, First, Middle Initial) <b>A. Mr. John Raitt</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014 <b>Transaction ID : SA11AI.4533</b>
Mailing Address 111 Mohawk Rd		Amount of Each Receipt this Period 10000.00
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Harris Associates LP	Occupation Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. J. Christopher Reyes</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 <b>Transaction ID : SA11AI.4535</b>
Mailing Address 6250 N River Rd. Ste. 9000		Amount of Each Receipt this Period 5000.00
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Reyes Holdings LLC	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Joe Sanderson</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014 <b>Transaction ID : SA11AI.4506</b>
Mailing Address PO Bo 988		Amount of Each Receipt this Period 50000.00
City Laurel	State MS	Zip Code 39441
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Sanderson Farms	Occupation Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65000.00
<b>TOTAL</b> 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 15 OF 52  
(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

Full Name (Last, First, Middle Initial)  
**A. Muneer Satter**

Mailing Address 676 N. Michigan Ave.  
Ste. 4000

City Chicago State IL Zip Code 60611

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

Name of Employer Satter Investment Management Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
06 / 11 / 2014  
**Transaction ID : SA11AI.4550**

Amount of Each Receipt this Period  
10000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
125000.00

Date of Receipt  
06 / 16 / 2014  
**Transaction ID : SA11AI.4501**

Amount of Each Receipt this Period  
50000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Bob Tuttle**

Mailing Address 9701 Wilshire Blvd.  
Ste. 1100

City Beverly Hills State CA Zip Code 90212

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

Name of Employer Tuttle-Click Automotive Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
06 / 17 / 2014  
**Transaction ID : SA11AI.4537**

Amount of Each Receipt this Period  
10000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70000.00

**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 16 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

**A. Mr. Richard Wax**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 60  
 City Amory State MS Zip Code 38821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation The Wax Company  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60000.00

Date of Receipt 06 / 19 / 2014  
**Transaction ID : SA11AI.4525**  
 Amount of Each Receipt this Period 10000.00  
 Contribution

**B. Mr. Samuel Zell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 N Riverside Plaza  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Equity Group Investments, LLC Occupation Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 17 / 2014  
**Transaction ID : SA11AI.4497**  
 Amount of Each Receipt this Period 10000.00  
 Contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	673000.00

**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 17 OF 52
<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) <b>A. AMERICAN CROSSROADS</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 <b>Transaction ID : SA11C.4504</b>
Mailing Address P.O. BOX 34413		Amount of Each Receipt this Period 50000.00
City WASHINGTON	State DC	Zip Code 20043
FEC ID number of contributing federal political committee. C C00487363		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210000.00	

Full Name (Last, First, Middle Initial) <b>B. DEFENDING MAIN STREET SUPERPAC INC</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 <b>Transaction ID : SA11C.4523</b>
Mailing Address 325 7TH STREET NW SUITE 610		Amount of Each Receipt this Period 25000.00
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00540203		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) <b>C. FREEDOM FUND</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : SA11C.4519</b>
Mailing Address 701 8TH STREET, NW SUITE 500		Amount of Each Receipt this Period 5000.00
City WASHINGTON	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00390674		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80000.00
<b>TOTAL</b> 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 18 OF 52
<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. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00343947**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11C.4531**

Amount of Each Receipt this Period  
20000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. ORRINPAC**

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

FEC ID number of contributing federal political committee. **C C00235572**

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  
 06 / 16 / 2014  
**Transaction ID : SA11C.4518**

Amount of Each Receipt this Period  
25000.00

Contribution

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

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City FRANKLIN State TN Zip Code 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 ▼  
30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11C.4505**

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> 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 19 OF 52  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

Full Name (Last, First, Middle Initial)  
**A. VIKING RANGE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address POST OFFICE BOX 956

City State Zip Code  
GREENWOOD MS 38935

FEC ID number of contributing federal political committee. **C** C00425926

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11C.4527**

Amount of Each Receipt this Period  
2500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B.**

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 Y Y

Amount of Each Receipt this Period

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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	132500.00

**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. Alexa Arguedas**

Mailing Address 168 Mackey Dr.

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Canvassing

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB21B.4656**

Amount of Each Disbursement this Period

2	4	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Camille Barbour**

Mailing Address 4612 Trawick Dr

City Jackson State MS Zip Code 39211

Purpose of Disbursement  
Canvassing / Phone Banking

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : SB21B.4754**

Amount of Each Disbursement this Period

8	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Camille Barbour**

Mailing Address 4612 Trawick Dr

City Jackson State MS Zip Code 39211

Purpose of Disbursement  
Canvassing

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB21B.4650**

Amount of Each Disbursement this Period

9	0	6	0	0	0
---	---	---	---	---	---

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

1	9	4	6	0	0
---	---	---	---	---	---

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

1	9	4	6	0	0
---	---	---	---	---	---

**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. Behavior Matrix LLC**

Mailing Address 676 DeKalb Pike  
Ste. 108

City Blue Bell State PA Zip Code 19422

Purpose of Disbursement  
Digital Analytics Support

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

**Transaction ID : SB21B.4566**

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

**B. Ronni Brashear**

Mailing Address 431 North Old Canton

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Canvassing

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : SB21B.4660**

Amount of Each Disbursement this Period

235.00

Full Name (Last, First, Middle Initial)

**C. Rahka Brescia**

Mailing Address 113 Isaac Lane

City Philadelphia State MS Zip Code 39350

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

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : SB21B.4821**

Amount of Each Disbursement this Period

1950.00

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

27185.00

**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. Mala Brooks**

Mailing Address PO Box 426

City Leland State MS Zip Code 38756

Purpose of Disbursement  
Canvassing / Door to Door GOTV

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2014

**Transaction ID : SB21B.4680**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Reed Clay**

Mailing Address 3819 Eastover Dr.

City Jackon State MS Zip Code 39211

Purpose of Disbursement  
Phone Banking

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

**Transaction ID : SB21B.4678**

Amount of Each Disbursement this Period

226.00

Full Name (Last, First, Middle Initial)

**C. Reed Clay**

Mailing Address 3819 Eastover Dr.

City Jackon State MS Zip Code 39211

Purpose of Disbursement  
Phone Banking

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : SB21B.4679**

Amount of Each Disbursement this Period

93.00

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

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

10319.00

**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. Connection Strategy LLC**

Mailing Address PO Box 2192

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
GOTV Phone Calls

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

**Transaction ID : SB21B.4648**

Amount of Each Disbursement this Period

22866.36

Full Name (Last, First, Middle Initial)

**B. Cline Cook**

Mailing Address 17 Charleston Cir.

City State Zip Code  
Brandon MS 39047

Purpose of Disbursement  
GOTV Canvassing

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : SB21B.4759**

Amount of Each Disbursement this Period

140.00

Full Name (Last, First, Middle Initial)

**C. Cline Cook**

Mailing Address 17 Charleston Cir.

City State Zip Code  
Brandon MS 39047

Purpose of Disbursement  
Canvassing

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

**Transaction ID : SB21B.4653**

Amount of Each Disbursement this Period

170.00

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

23176.36

**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. Greg Divinity**

Mailing Address 19 Nelson Circle

City Jackson State MS Zip Code 39212

Purpose of Disbursement  
Canvassing / Door to Door GOTV

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : SB21B.4684**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Lorraine Gann**

Mailing Address PO Box 566

City Mantachie State MS Zip Code 38855

Purpose of Disbursement  
GOTV Canvassing

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB21B.4747**

Amount of Each Disbursement this Period

5	2	2	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Hammons & Associates**

Mailing Address 213 Fulton St.

City Greenwood State MS Zip Code 38930

Purpose of Disbursement  
Canvassing / Door-to-Door GOTV

004

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : SB21B.4645**

Amount of Each Disbursement this Period

5	0	2	1	7	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	3	4	3	7	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	3	4	3	7	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Alexander Horton**

Mailing Address 107 Thompson Lane

City Madison State MS Zip Code 39100

Purpose of Disbursement  
Canvassing

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : **SB21B.4654**

Amount of Each Disbursement this Period

7	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Hynes Communications**

Mailing Address 121 Bow Street

City Portsmouth State ME Zip Code 03801

Purpose of Disbursement  
Social Media Consulting

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : **SB21B.4580**

Amount of Each Disbursement this Period

3	7	5	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Impact Management Group**

Mailing Address 124 W. Capitol Ave.  
Ste. 1886

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
Survey Research

005

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

Transaction ID : **SB21B.4835**

Amount of Each Disbursement this Period

1	6	3	0	.	2	0
---	---	---	---	---	---	---

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

5	4	5	0	.	2	0
---	---	---	---	---	---	---

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

5	4	5	0	.	2	0
---	---	---	---	---	---	---

# 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. Courtney Jackson**

Mailing Address PO Box 599

City State Zip Code  
Fayette MS 39059

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

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State:

District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4823**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Chris Johnson**

Mailing Address 173 Green Glades

City State Zip Code  
Ridgeland MS 39157

Purpose of Disbursement  
GOTV Canvassing

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State:

District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4731**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Calvin Jordan**

Mailing Address 721 Garfield St.

City State Zip Code  
Laurel MS 39440

Purpose of Disbursement  
Canvassing / Jones Co. Door-to-Door GOTV

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State:

District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4682**

Amount of Each Disbursement this Period

**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. Jace Lacoste**

Mailing Address 512 Carlisle Cir.

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Phone Banking

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB21B.4799**

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

**B. Jace Lacoste**

Mailing Address 512 Carlisle Cir.

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Phone Banking

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : SB21B.4690**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Eliza Lundy**

Mailing Address 458 Greenwood Lane

City Ridgeland State MS Zip Code 39157

Purpose of Disbursement  
Phonebanks

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : SB21B.4792**

Amount of Each Disbursement this Period

155.00

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

665.00

**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. Hamel McGraw**

Mailing Address 130 Huntington View

City State Zip Code  
Brandon MS 39047

Purpose of Disbursement  
Canvassing

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB21B.4652**

Amount of Each Disbursement this Period

3	4	7	.	5	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. McKenna Long & Aldridge LLP**

Mailing Address 1900 K Street

City State Zip Code  
Washington DC 20006

Purpose of Disbursement  
FEC Compliance

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : SB21B.4579**

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. McKenna Long & Aldridge LLP**

Mailing Address 1900 K Street

City State Zip Code  
Washington DC 20006

Purpose of Disbursement  
FEC Compliance Consulting

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

**Transaction ID : SB21B.4571**

Amount of Each Disbursement this Period

4	2	5	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	3	4	.	5	0
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# 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. Mr. Carl Nicholson**

Mailing Address PO Box 15099

City Hattiesburg State MS Zip Code 39401

Purpose of Disbursement  
Canvassing / Door-to-Door GOTV

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : **SB21B.4641**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Paradigm Government Relations**

Mailing Address 530 George St.

City Jackson State MS Zip Code 39202

Purpose of Disbursement  
Canvassing / Door-to-Door GOTV

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

Transaction ID : **SB21B.4561**

Amount of Each Disbursement this Period

50000.00

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 / Door-to-Door GOTV

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : **SB21B.4568**

Amount of Each Disbursement this Period

61000.00

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

121000.00

**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. Will Pickett**

Mailing Address 3685 McFarland Rd.

City Raymond State MS Zip Code 39154

Purpose of Disbursement  
GOTV Stickers

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	9			2	0	1	4		

**Transaction ID : SB21B.4820**

Amount of Each Disbursement this Period

4	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Davis Rippee**

Mailing Address 4318 N Honeysuckle Lane

City Jackson State MS Zip Code 39211

Purpose of Disbursement  
Phone Banking

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	1	4		

**Transaction ID : SB21B.4702**

Amount of Each Disbursement this Period

1	1	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Jennifer Roberts**

Mailing Address 529 White Oak Road

City Florence State MS Zip Code 39073

Purpose of Disbursement  
Phone Banking

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	1	4		

**Transaction ID : SB21B.4723**

Amount of Each Disbursement this Period

8	5	.	0	0
---	---	---	---	---

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

6	4	5	.	0	0
---	---	---	---	---	---

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

6	4	5	.	0	0
---	---	---	---	---	---

**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. Hayes Rodgers**

Mailing Address 101 Cove Lane

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4831**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hayes Rodgers**

Mailing Address 101 Cove Lane

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4693**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Wesley Rule**

Mailing Address 144 Bridgewater Crossing

City Ridgeland State MS Zip Code 39157

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4795**

Amount of Each Disbursement this Period

**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. Wesley Rule**

Mailing Address 144 Bridgewater Crossing

City State Zip Code  
Ridgeland MS 39157

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4701**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Scott Howell & Company**

Mailing Address 3900 Willow St.  
Suite 200

City State Zip Code  
Dallas TX 75226

Purpose of Disbursement  
Media Production Fee

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4569**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Scott Howell & Company**

Mailing Address 3900 Willow St.  
Suite 200

City State Zip Code  
Dallas TX 75226

Purpose of Disbursement  
Media Production

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : SB21B.4582**

Amount of Each Disbursement this Period

**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. Kristen Smith**

Mailing Address 131 Armonde Court

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Canvassing

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	5		2	0	1	4		

**Transaction ID : SB21B.4658**

Amount of Each Disbursement this Period

2	0	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Calvin Stewart**

Mailing Address 54 Worthington Ave.

City Rolling Fork State MS Zip Code 39159

Purpose of Disbursement  
Canvassing / Door-to-Door GOTV

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	2		2	0	1	4		

**Transaction ID : SB21B.4681**

Amount of Each Disbursement this Period

4	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mr. Sam Thompson**

Mailing Address 5250 Davidson Rd.

City Meridian State MS Zip Code 39307

Purpose of Disbursement  
Canvassing / Door-to-Door GOTV

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	2		2	0	1	4		

**Transaction ID : SB21B.4683**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

6	7	0	5	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	7	0	5	.	0	0
---	---	---	---	---	---	---

**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) <b>A. Terrell Thompson</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 3608 N Highland Ave.		Transaction ID : <b>SB21B.4822</b>  Amount of Each Disbursement this Period 5000.00
City Meridian	State MS	
Zip Code 39301		
Purpose of Disbursement Canvassing / Phone Banking / Door-to-Door GOTV		
Candidate Name <b>Mississippi Conservatives</b>		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Runoff
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Keeton Treadwell</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 222 Traceland Drive		Transaction ID : <b>SB21B.4655</b>  Amount of Each Disbursement this Period 403.00
City Madison	State MS	
Zip Code 39110		
Purpose of Disbursement Canvassing		
Candidate Name <b>Mississippi Conservatives</b>		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Runoff
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Trustmark Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 190 E Capitol St.		Transaction ID : <b>SB21B.4649</b>  Amount of Each Disbursement this Period 36.00
City Jackson	State MS	
Zip Code 39201		
Purpose of Disbursement Stop Payment Fee		
Candidate Name <b>Mississippi Conservatives</b>		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Runoff
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5439.00
<b>TOTAL</b> 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  
Service Charge

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : SB21B.4748**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Cole Ulmer**

Mailing Address 300 Sonoma Cove

City Madison State MS Zip Code 39110

Purpose of Disbursement  
GOTV Canvassing

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : SB21B.4753**

Amount of Each Disbursement this Period

1	0	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Cole Ulmer**

Mailing Address 300 Sonoma Cove

City Madison State MS Zip Code 39110

Purpose of Disbursement  
Canvassing

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : SB21B.4651**

Amount of Each Disbursement this Period

2	6	9	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	7	4	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	7	4	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. United States Postal Service**

Mailing Address 401 E South St

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Postage Fees

Category/  
Type

Candidate Name  
**Mississippi Conservatives**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Runoff

Date of Disbursement

/  /

**Transaction ID : SB21B.4610**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Logan Walker**

Mailing Address 520 CR 337

City Falkner State MS Zip Code 38629

Purpose of Disbursement  
GOTV Canvassing

Category/  
Type

Candidate Name  
**Mississippi Conservatives**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Runoff

Date of Disbursement

/  /

**Transaction ID : SB21B.4746**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Neville Whitehead**

Mailing Address 171 Woodland Drive

City Jackson State MS Zip Code 39216

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name  
**Mississippi Conservatives**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Runoff

Date of Disbursement

/  /

**Transaction ID : SB21B.4801**

Amount of Each Disbursement this Period

**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. Neville Whitehead**

Mailing Address 171 Woodland Drive

City Jackson State MS Zip Code 39216

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4692**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Austin Wilkes**

Mailing Address 529 N Livingston Rd

City Ridgeland State MS Zip Code 39157

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

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4824**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Winning Connections**

Mailing Address 317 Pennsylvania Ave. SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
GOTV Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

Date of Disbursement

/  /

**Transaction ID : SB21B.4576**

Amount of Each Disbursement this Period

**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. Winning Connections**

Mailing Address 317 Pennsylvania Ave. SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
GOTV Phone Banking

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	4

**Transaction ID : SB21B.4577**

Amount of Each Disbursement this Period

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Winning Edge**

Mailing Address PO Box 269

City Alexandria State AL Zip Code 36250

Purpose of Disbursement  
Registered Voter List

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : SB21B.4445**

Amount of Each Disbursement this Period

7	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Winning Edge**

Mailing Address PO Box 269

City Alexandria State AL Zip Code 36250

Purpose of Disbursement  
Canvassing Materials

006

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : SB21B.4446**

Amount of Each Disbursement this Period

5	8	1	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	3	5	6	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	3	5	6	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Winning Edge**

Mailing Address PO Box 269

City Alexandria State AL Zip Code 36250

Purpose of Disbursement  
Canvassing Materials

006

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : **SB21B.4570**

Amount of Each Disbursement this Period

33284.63

Full Name (Last, First, Middle Initial)

**B. Clarke Wise**

Mailing Address 1331 South Eads St.  
Apt. 1201

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
GOTV Canvassing

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

Transaction ID : **SB21B.4743**

Amount of Each Disbursement this Period

304.00

Full Name (Last, First, Middle Initial)

**C. Bailey Wood**

Mailing Address 169 Green Glades

City Ridgeland State MS Zip Code 39157

Purpose of Disbursement  
Phonebanks

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : **SB21B.4826**

Amount of Each Disbursement this Period

235.00

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

33823.63

**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. William Youngblood**

Mailing Address 131 Meadowlark Lane

City State Zip Code  
Ridgeland MS 39157

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SB21B.4800**

Amount of Each Disbursement this Period

360.00
--------

Full Name (Last, First, Middle Initial)

**B. William Youngblood**

Mailing Address 131 Meadowlark Lane

City State Zip Code  
Ridgeland MS 39157

Purpose of Disbursement  
Phone Banking

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

**Transaction ID : SB21B.4691**

Amount of Each Disbursement this Period

150.00
--------

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 M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

510.00
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556596.44
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**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) ▼  
Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

Transaction ID : SB23.4564

Amount of Each Disbursement this Period

60000.00

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) ▼  
Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SB23.4574

Amount of Each Disbursement this Period

65000.00

Full Name (Last, First, Middle Initial)

**C. 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) ▼  
Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SB23.4581

Amount of Each Disbursement this Period

12000.00

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

137000.00

**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 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

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. ALL CITIZENS FOR MISSISSIPPI**

Mailing Address 1750 ELLIS AVENUE

City JACKSON State MS Zip Code 39204

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : SB23.4578**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Washington County GOP**

Mailing Address 1604 S Main St

City Greenville State MS Zip Code 38701

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

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

Date of Disbursement

/  /

**Transaction ID : SB23.4791**

Amount of Each Disbursement this Period

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

**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) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Capstone Public Affairs LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 21 / 2014
Mailing Address PO Box 2096	Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>
City State Zip Code Jackson MS 39225	
Purpose of Expenditure Facebook Advertisements	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 21 / 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"/> General State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
<span style="border: 1px solid black; padding: 2px;">126942.74</span>	

Full Name of Payee <b>Capstone Public Affairs LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 2014
Mailing Address PO Box 2096	Amount <span style="border: 1px solid black; padding: 2px;">800.00</span>
City State Zip Code Jackson MS 39225	
Purpose of Expenditure Facebook Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 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"/> General State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
<span style="border: 1px solid black; padding: 2px;">127742.74</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3300.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
07 / 15 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Capstone Public Affairs LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 2014
Mailing Address PO Box 2096	Amount <span style="border: 1px solid black; padding: 2px;">3464.51</span>
City State Zip Code Jackson MS 39225	
Purpose of Expenditure Facebook Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 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 <span style="border: 1px solid black; padding: 2px;">131207.25</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff

Full Name of Payee <b>Capstone Public Affairs LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 22 / 2014
Mailing Address PO Box 2096	Amount <span style="border: 1px solid black; padding: 2px;">2934.17</span>
City State Zip Code Jackson MS 39225	
Purpose of Expenditure Newspaper Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 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 <span style="border: 1px solid black; padding: 2px;">134141.42</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">6398.68</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
07 / 15 / 2014

Signature



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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Impact Management Group</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 06 / 02 / 2014
Mailing Address 124 W. Capitol Ave. Ste. 1886	Amount <span style="float:right">10077.00</span>
City State Zip Code Little Rock AR 72201	<b>Transaction ID : SE.4420</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 06 / 11 / 2014
Purpose of Expenditure GOTV Phone Banking	Category/Type 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"/> General 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) ▶
<span style="float:right">1669117.62</span>	

Full Name of Payee <b>MS Press Services</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 06 / 20 / 2014
Mailing Address 371 Edgewood Terrace	Amount <span style="float:right">17342.99</span>
City State Zip Code Jackson MS 39206	<b>Transaction ID : SE.4459</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 06 / 20 / 2014
Purpose of Expenditure Newspaper Advertising	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
<span style="float:right">66304.49</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">27419.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"></span>

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 M / D D D / Y Y Y Y Y Y  
07 / 15 / 2014

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
Pandora Media, Inc.
Mailing Address
25601 Network Place
City
Chicago State
IL Zip Code
60673
Purpose of Expenditure
Internet Ads Category/
Type
004
Name of Federal Candidate
Mr. Christopher Brian McDaniel
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
18961.50

Date of Public Distribution/Dissemination
06 / 17 / 2014
Amount
4000.00
Transaction ID : SE.4453
Date of Disbursement or Obligation
06 / 17 / 2014
Office Sought:
House
Senate
State: MS
Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Pirouette Strategies
Mailing Address
1266 West Paces Ferry Rd.
Ste. 217
City
Atlanta State
GA Zip Code
30327
Purpose of Expenditure
GOTV Phone Services Category/
Type
001
Name of Federal Candidate
Thad Cochran
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
104782.74

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
25000.00
Transaction ID : SE.4475
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought:
House
Senate
State: MS
Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 29000.00
(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
07 / 15 / 2014
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: Push Digital
Mailing Address: PO Box 7431
City: Columbia, State: SC, Zip Code: 29202
Purpose of Expenditure: Online Digital Advertising
Category/Type: 004
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Office Sought: Senate, State: MS
Amount: 30000.00
Transaction ID: SE.4457
Date of Disbursement or Obligation: 06/20/2014
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought: 48961.50

Full Name of Payee: Push Digital
Mailing Address: PO Box 7431
City: Columbia, State: SC, Zip Code: 29202
Purpose of Expenditure: Online Digital Advertising
Category/Type: 004
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Office Sought: Senate, State: MS
Amount: 10000.00
Transaction ID: SE.4469
Date of Disbursement or Obligation: 06/20/2014
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought: 79782.74

(a) SUBTOTAL of Itemized Independent Expenditures: 40000.00
(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: 07/15/2014

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 Ads Category/Type: 004
Date of Public Distribution/Dissemination: 06/23/2014
Amount: 5528.00
Transaction ID: SE.4744
Date of Disbursement or Obligation: 06/23/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Office Sought: Senate State: MS
Calendar Year-To-Date Per Election for Office Sought: 139669.42
Disbursement For: Other (specify) Runoff

Full Name of Payee: Targeted Victory
Mailing Address: 1033 North Fairfax St.
City: Alexandria State: MS Zip Code: 22314
Purpose of Expenditure: Facebook Ads Category/Type: 004
Date of Public Distribution/Dissemination: 06/12/2014
Amount: 5000.00
Transaction ID: SE.4439
Date of Disbursement or Obligation: 06/12/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Office Sought: Senate State: MS
Calendar Year-To-Date Per Election for Office Sought: 5000.00
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 10528.00
(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 07/15/2014
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: The Bickers Group, LLC
Mailing Address: 3625 Cumberland Blvd SE, Ste. 950
City: Atlanta, State: GA, Zip Code: 30339
Purpose of Expenditure: GOTV phone services, Category/Type: 001
Date of Public Distribution/Dissemination: 06/23/2014
Amount: 19660.00
Transaction ID: SE.4473
Date of Disbursement or Obligation: 06/21/2014
Name of Federal Candidate: Thad Cochran, Support
Office Sought: Senate, State: MS
Calendar Year-To-Date Per Election for Office Sought: 124442.74
Disbursement For: Other (specify) Runoff

Full Name of Payee: Winning Edge
Mailing Address: PO Box 269
City: Alexandria, State: AL, Zip Code: 36250
Purpose of Expenditure: Mail Postage, Printing and Production, Category/Type: 004
Date of Public Distribution/Dissemination: 06/12/2014
Amount: 4407.72
Transaction ID: SE.4440
Date of Disbursement or Obligation: 06/16/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel, Oppose
Office Sought: Senate, State: MS
Calendar Year-To-Date Per Election for Office Sought: 9407.72
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 24067.72
(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 07/15/2014
Signature

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Winning Edge</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 12 / 2014</b>
Mailing Address <b>PO Box 269</b>	Amount <b>5553.78</b>
City <b>Alexandria</b> State <b>AL</b> Zip Code <b>36250</b>	<b>Transaction ID : SE.4441</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2014</b>
Purpose of Expenditure <b>Mail Postage, Printing and Production</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Mr. Christopher Brian McDaniel</b>	<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>14961.50</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____    Runoff

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 23 / 2014</b>
Mailing Address <b>PO Box 269</b>	Amount <b>2090.38</b>
City <b>Alexandria</b> State <b>AL</b> Zip Code <b>36250</b>	<b>Transaction ID : SE.4745</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 23 / 2014</b>
Purpose of Expenditure <b>Production, Printing and Mail</b>	Category/Type <b>004</b>
Name of Federal Candidate <b>Thad Cochran</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>141759.80</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ _____    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7644.16</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>151836.80</b>

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 **07 / 15 / 2014**

Signature \_\_\_\_\_