

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

ALL CITIZENS FOR MISSISSIPPI

ADDRESS (number and street)

1750 ELLIS AVE., SUITE 600

☐ Check if different than previously reported. (ACC)

JACKSON

MS

39204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00564351

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
11 24 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jacqueline Vann

Signature of Treasurer

Jacqueline Vann

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 12 2015

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALL CITIZENS FOR MISSISSIPPI

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

|                                                                                                                  | COLUMN A<br>This Period                                              | COLUMN B<br>Calendar Year-to-Date                                     |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014     |                                                                      | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <span style="border: 1px solid black; padding: 2px;">9059.46</span>  |                                                                       |
| (c) Total Receipts (from Line 19) .....                                                                          | <span style="border: 1px solid black; padding: 2px;">19000.00</span> | <span style="border: 1px solid black; padding: 2px;">183340.00</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <span style="border: 1px solid black; padding: 2px;">28059.46</span> | <span style="border: 1px solid black; padding: 2px;">183340.00</span> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <span style="border: 1px solid black; padding: 2px;">27451.85</span> | <span style="border: 1px solid black; padding: 2px;">182732.39</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <span style="border: 1px solid black; padding: 2px;">607.61</span>   | <span style="border: 1px solid black; padding: 2px;">607.61</span>    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>     |                                                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <span style="border: 1px solid black; padding: 2px;">0.00</span>     |                                                                       |



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ALL CITIZENS FOR MISSISSIPPI**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 4 |   | 2 | 0 | 1 | 4 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                     | 0.00                          | 7150.00                           |
| (ii) Unitemized .....                                                                                  | 0.00                          | 5190.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►                                                       | 0.00                          | 12340.00                          |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                     | 19000.00                      | 171000.00                         |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ► | 19000.00                      | 183340.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....                                              | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 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                          | 0.00                              |
| 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)) ..... ►                        | 19000.00                      | 183340.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►                                  | 19000.00                      | 183340.00                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 0.00                          | 127704.83                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 127704.83                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....                                            | 27451.85                      | 55027.56                          |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 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)) ..      | 27451.85                      | 182732.39                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27451.85                      | 182732.39                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 19000.00                      | 183340.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 19000.00                      | 183340.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 127704.83                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 127704.83                         |

# **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 17

(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)

**ALL CITIZENS FOR MISSISSIPPI**

Full Name (Last, First, Middle Initial)

## **A. Mississippi Conservatives**

Mailing Address P O Box 2096

City State Zip Code  
Jackson MS 39225

FEC ID number of contributing  
federal political committee.

**C** C00554774

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

171000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 24 2014

**Transaction ID : SA11C.4314**

Amount of Each Receipt this Period

19000.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

19000.00

19000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 7 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                        |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00564351</div>                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |
| 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                        |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |
| Full Name of Payee<br><b>Alpha Media</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div> |                                                                                                                                                                                                                                                                                                                     |
| Mailing Address<br>731 S Pear Orchard Road Suite 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">3400.85</div>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |
| City<br>Ridgeland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | State<br>MS                                                                                            | Zip Code<br>39157                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                                                                                                                                         | Transaction ID : <b>SE.4287</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div> |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President    State: <u>MS</u>                                    |                                                                                                                                                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11450.85</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |
| Full Name of Payee<br><b>Annette Caraballo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div> |                                                                                                                                                                                                                                                                                                                     |
| Mailing Address<br>1213 Anna Lisa Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">400.00</div>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | State<br>MS                                                                                            | Zip Code<br>39204                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| Purpose of Expenditure<br>Consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> |                                                                                                                                                                                                                                                                                         | Transaction ID : <b>SE.4328</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div> |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                        | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____<br><input type="checkbox"/> President    State: <u>MS</u>                                    |                                                                                                                                                                                                                                                                                                                     |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">24951.85</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3800.85</div>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div><br/>Jacqueline Vann</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2015</div></div></div> |  |                                                                                                        |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 8 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                              |  |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                           |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00564351 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|                                                         |                       |                                                                                                                                                          |
|---------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>Ronnie Crudup Sr.</b>          |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                              |
| Mailing Address<br>242 Heathway Cove                    |                       | Amount<br>500.00                                                                                                                                         |
| City<br>Jackson                                         | State<br>MS           | Zip Code<br>39272                                                                                                                                        |
| Purpose of Expenditure<br>Printing & notification list  | Category/<br>Type 003 | Transaction ID : SE.4332<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 13 / 2014                                                       |
| Name of Federal Candidate<br>THAD COCHRAN               |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                           |
|                                                         |                       | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶        |
|                                                         |                       | 26051.85                                                                                                                                                 |

|                                                         |                       |                                                                                                                                                          |
|---------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br><b>EJ'S Entertainment</b>         |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                              |
| Mailing Address<br>120 Emmit Road                       |                       | Amount<br>800.00                                                                                                                                         |
| City<br>Flora                                           | State<br>MS           | Zip Code<br>39071                                                                                                                                        |
| Purpose of Expenditure<br>Sound & Lighting Block Party  | Category/<br>Type 003 | Transaction ID : SE.4321<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 23 / 2014                                                       |
| Name of Federal Candidate<br>THAD COCHRAN               |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                           |
|                                                         |                       | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶        |
|                                                         |                       | 1629.00                                                                                                                                                  |

|                                                            |         |
|------------------------------------------------------------|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | 1300.00 |
| (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.

Jacqueline Vann

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 12 / 2015

Signature

|   |           |
|---|-----------|
| C | C00564351 |
|---|-----------|

M M / D D / Y Y Y Y

Amount

300.00

Transaction ID : SE.4330

Date of Disbursement or Obligation

M M / D D / Y Y Y Y  
10 29 2014

Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: MS

25251.85

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ►

Amount

200.00

Transaction ID : SE.4318

Date of Disbursement or Obligation

MM / DD / YYYY

Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: MS

629.00

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

500.00

*Jacqueline Vann*

Date \_\_\_\_\_

01 / 12 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                                                                                                                                                                                                          |  |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00564351</div>                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>                                                        |  |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Full Name of Payee<br><b>Staci Hunter</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Mailing Address<br>624 Freemont St                                                                                                                                                                                                                                                                                                                          |  |                                                                                                        | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">300.00</div>                                                                                                                                                                    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                             |  | State<br>MS                                                                                            | Zip Code<br>39204                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>Transaction ID : SE.4331</b>                                                                                                                                                                                                             |
| Purpose of Expenditure<br>Consultant                                                                                                                                                                                                                                                                                                                        |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> |                                                                                                                                                                                                                                                                                     | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div> |                                                                                                                                                                                                                                             |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MS</u>                                                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25551.85</div>                                                                                                                                                                                            |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                             |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Full Name of Payee<br><b>iHeart Media</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div> |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Mailing Address<br>1375 Beasley Road                                                                                                                                                                                                                                                                                                                        |  |                                                                                                        | Amount<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3501.00</div>                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                             |  | State<br>MS                                                                                            | Zip Code<br>39206                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>Transaction ID : SE.4289</b>                                                                                                                                                                                                             |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                                                                                                                                     | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div> |                                                                                                                                                                                                                                             |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>MS</u>                                                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14951.85</div>                                                                                                                                                                                            |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                             |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                        | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3801.00</div>                                                                                                                                                                             |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                        | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Signature<br><br>Jacqueline Vann                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | [Electronically Filed]                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2015</div> |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 11 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                |                                                                                                                                                                 |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                                                                                                                                                                                                          |                    |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00564351                                                                                                               |                                                              |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on                                                                                                                                                                                |                    |                                                                                | M M M / D D D / Y Y Y Y Y Y                                                                                                                                     |                                                              |
| Full Name of Payee<br><b>La Finestra</b>                                                                                                                                                                                                                                                                                                                    |                    | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y       |                                                                                                                                                                 |                                                              |
| Mailing Address<br><b>120 N Congress St., Suite L-3</b>                                                                                                                                                                                                                                                                                                     |                    | Amount<br><b>3720.00</b>                                                       |                                                                                                                                                                 |                                                              |
| City<br><b>Jackson</b>                                                                                                                                                                                                                                                                                                                                      | State<br><b>MS</b> | Zip Code<br><b>39201</b>                                                       | Transaction ID : <b>SE.4323</b>                                                                                                                                 |                                                              |
| Purpose of Expenditure<br><b>Catering cost</b>                                                                                                                                                                                                                                                                                                              |                    | Category/Type<br><b>003</b>                                                    | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 23 / 2014</b>                                                                      |                                                              |
| Name of Federal Candidate<br><b>THAD COCHRAN</b>                                                                                                                                                                                                                                                                                                            |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> |                                                              |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |                    | <b>5349.00</b>                                                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____         |                                                              |
| Full Name of Payee<br><b>Ferdinard McAfee</b>                                                                                                                                                                                                                                                                                                               |                    | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y       |                                                                                                                                                                 |                                                              |
| Mailing Address<br><b>151 Broadway Street #D5</b>                                                                                                                                                                                                                                                                                                           |                    | Amount<br><b>200.00</b>                                                        |                                                                                                                                                                 |                                                              |
| City<br><b>Clinton</b>                                                                                                                                                                                                                                                                                                                                      | State<br><b>MS</b> | Zip Code<br><b>39056</b>                                                       | Transaction ID : <b>SE.4325</b>                                                                                                                                 |                                                              |
| Purpose of Expenditure<br><b>Consultant</b>                                                                                                                                                                                                                                                                                                                 |                    | Category/Type<br><b>003</b>                                                    | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 23 / 2014</b>                                                                      |                                                              |
| Name of Federal Candidate<br><b>THAD COCHRAN</b>                                                                                                                                                                                                                                                                                                            |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> |                                                              |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |                    | <b>5549.00</b>                                                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____         |                                                              |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |                    | <b>3920.00</b>                                                                 |                                                                                                                                                                 |                                                              |
| (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<br><b>Jacqueline Vann</b>                                                                                                                                                                                                                                                                                                                         |                    | [Electronically Filed]                                                         |                                                                                                                                                                 | Date<br>M M M / D D D / Y Y Y Y Y Y<br><b>01 / 12 / 2015</b> |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                 |                                                                                                                                                                 |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                                                                                                                                                                                                          |             |                                                                                 | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00564351                                                                                                               |                                                                                                          |
| 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<br><b>Ferdinard McAfee</b>                                                                                                                                                                                                                                                                                                               |             |                                                                                 | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>                                  |                                                                                                          |
| Mailing Address<br>151 Broadway Street #D5                                                                                                                                                                                                                                                                                                                  |             |                                                                                 | Amount<br><span style="border:1px solid black; padding:2px;">1900.00</span>                                                                                     |                                                                                                          |
| City<br>Clinton                                                                                                                                                                                                                                                                                                                                             | State<br>MS | Zip Code<br>39056                                                               | Transaction ID : <b>SE.4327</b>                                                                                                                                 |                                                                                                          |
| Purpose of Expenditure<br>Consultant                                                                                                                                                                                                                                                                                                                        |             | Category/<br>Type <span style="border:1px solid black; padding:2px;">003</span> | Date of Disbursement or Obligation<br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 29 / 2014                       |                                                                                                          |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> |                                                                                                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <span style="border:1px solid black; padding:2px;">24551.85</span>              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____         |                                                                                                          |
| Full Name of Payee<br><b>Roberts Radio, LLC</b>                                                                                                                                                                                                                                                                                                             |             |                                                                                 | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 28 / 2014                |                                                                                                          |
| Mailing Address<br>745 N State Street                                                                                                                                                                                                                                                                                                                       |             |                                                                                 | Amount<br><span style="border:1px solid black; padding:2px;">3000.00</span>                                                                                     |                                                                                                          |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                             | State<br>MS | Zip Code<br>39202                                                               | Transaction ID : <b>SE.4291</b>                                                                                                                                 |                                                                                                          |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |             | Category/<br>Type <span style="border:1px solid black; padding:2px;">004</span> | Date of Disbursement or Obligation<br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 28 / 2014                       |                                                                                                          |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> |                                                                                                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <span style="border:1px solid black; padding:2px;">17951.85</span>              | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____         |                                                                                                          |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |             |                                                                                 | <span style="border:1px solid black; padding:2px;">4900.00</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. |             |                                                                                 |                                                                                                                                                                 |                                                                                                          |
| Signature<br><br>Jacqueline Vann                                                                                                                                                                                                                                                                                                                            |             | [Electronically Filed]                                                          |                                                                                                                                                                 | Date <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>01 / 12 / 2015 |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 13 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                                                                                                                                                                                                          |  |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00564351</div>                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>                                                        |  |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Full Name of Payee<br><b>Statewide Insurance</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Mailing Address<br>3070 J R Lynch Street                                                                                                                                                                                                                                                                                                                    |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">429.00</div>                                                                                                                                                                      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                             |  | State<br>MS                                                                                            | Zip Code<br>39209                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>Transaction ID : SE.4316</b>                                                                                                                                                                                                             |
| Purpose of Expenditure<br>Fundraising                                                                                                                                                                                                                                                                                                                       |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> |                                                                                                                                                                                                                                                                                     | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div> |                                                                                                                                                                                                                                             |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>                                                                             |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">429.00</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ _____                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Full Name of Payee<br><b>The Jackson Advocate</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div> |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Mailing Address<br>438 Mill St                                                                                                                                                                                                                                                                                                                              |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1600.00</div>                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                             |  | State<br>MS                                                                                            | Zip Code<br>39202                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>Transaction ID : SE.4301</b>                                                                                                                                                                                                             |
| Purpose of Expenditure<br>Newspaper Ad                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                                                                                                                                     | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div> |                                                                                                                                                                                                                                             |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>                                                                             |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">22651.85</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ _____                   |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2029.00</div>                                                                                                                                                                               |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>                                                                                                                                                                        |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |
| Signature<br><br>Jacqueline Vann                                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | [Electronically Filed]                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2015</div> |

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

 PAGE 14 OF 17  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                              |  |                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                           |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00564351                                                                                                 |  |
| 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 |  | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> |  |

|                                                         |             |                                                                                |                                                                                                                                                          |  |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>The Mississippi Link</b>       |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                              |  |  |
| Mailing Address<br>2659 Livingston Rd                   |             |                                                                                | Amount<br>800.00                                                                                                                                         |  |  |
| City<br>Jackson                                         | State<br>MS | Zip Code<br>39213                                                              | Transaction ID : SE.4320                                                                                                                                 |  |  |
| Purpose of Expenditure<br>Ad Block Party                |             | Category/Type<br>003                                                           | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 23 / 2014                                                                                   |  |  |
| Name of Federal Candidate<br>THAD COCHRAN               |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 800.00                                                                         | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2104 <input type="checkbox"/> Other (specify) ▶        |  |  |

|                                                         |             |                                                                                |                                                                                                                                                          |  |  |
|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>The Mississippi Link</b>       |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 29 / 2014                                                                            |  |  |
| Mailing Address<br>2659 Livingston Rd                   |             |                                                                                | Amount<br>800.00                                                                                                                                         |  |  |
| City<br>Jackson                                         | State<br>MS | Zip Code<br>39213                                                              | Transaction ID : SE.4300                                                                                                                                 |  |  |
| Purpose of Expenditure<br>Newspaper ad                  |             | Category/Type<br>004                                                           | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 29 / 2014                                                                                   |  |  |
| Name of Federal Candidate<br>THAD COCHRAN               |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | 21051.85                                                                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶        |  |  |

|                                                           |         |
|-----------------------------------------------------------|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | 1600.00 |
| (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.

Jacqueline Vann

[Electronically Filed]

Date

 MM / DD / YYYY  
 01 / 12 / 2015

Signature

|                                                         |                                                                                |                                                                                                      |                                                                        |
|---------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Full Name of Payee<br><b>WMPR 90.1 FM</b>               |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                          |                                                                        |
| Mailing Address<br>1018 Pecan Park Circle               |                                                                                | Amount<br>200.00                                                                                     |                                                                        |
| City<br>Jackson                                         | State<br>MS                                                                    | Zip Code<br>39209                                                                                    | Transaction ID : <b>SE.4319</b>                                        |
| Purpose of Expenditure<br>Ad                            | Category/<br>Type                                                              | 003                                                                                                  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 22 / 2014 |
| Name of Federal Candidate<br>THAD COCHRAN               | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought:<br><input type="checkbox"/> President<br><input checked="" type="checkbox"/> Senate   | District: _____<br>State: <u>MS</u>                                    |
| Calendar Year-To-Date<br>Per Election for Office Sought | 829.00                                                                         | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 2014<br><input type="checkbox"/> Other (specify) ► _____               |

|                                                                  |                                                                                                                         |        |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | ▶ <table border="1" data-bbox="1122 1652 1360 1659"> <tr> <td data-bbox="1122 1652 1360 1659">800.00</td></tr> </table> | 800.00 |
| 800.00                                                           |                                                                                                                         |        |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | ▶ <table border="1" data-bbox="1122 1659 1360 1663"> <tr> <td data-bbox="1122 1659 1360 1663"></td></tr> </table>       |        |
|                                                                  |                                                                                                                         |        |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | ▶ <table border="1" data-bbox="1122 1663 1360 1671"> <tr> <td data-bbox="1122 1663 1360 1671"></td></tr> </table>       |        |
|                                                                  |                                                                                                                         |        |

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



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 17 OF 17  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>ALL CITIZENS FOR MISSISSIPPI</b>                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                       | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00564351</div>                                                                                                                                                                       |  |
| 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>                                                        |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |  |
| Full Name of Payee<br><b>WRTM-FM</b>                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>                             |  |
| Mailing Address<br>P O Box 9734                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1001.00</div>                                                                                                                                                                                                              |  |
| City<br>Jackson                                                                                                                                                                                                                                                                                                                                             |  | State<br>MS                                                                                                                                                                                                                                                           | Zip Code<br>39286-9734                                                                                                                                                                                                                                                                                          |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Category/<br>Type                                                                                                                                                                                                                                                     | Transaction ID : <b>SE.4282</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div> |  |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                        | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>                                                                                                                                                 |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                         |  |
| 6550.00                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |  |
| Full Name of Payee<br><b>WTYJ</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>                             |  |
| Mailing Address<br>20 East Frankliln Street                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">800.00</div>                                                                                                                                                                                                               |  |
| City<br>Natchez                                                                                                                                                                                                                                                                                                                                             |  | State<br>MS                                                                                                                                                                                                                                                           | Zip Code<br>39120                                                                                                                                                                                                                                                                                               |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Category/<br>Type                                                                                                                                                                                                                                                     | Transaction ID : <b>SE.4293</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div> |  |
| Name of Federal Candidate<br>THAD COCHRAN                                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                        | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>                                                                                                                                                 |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                         |  |
| 18751.85                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1801.00</div>                                                                                                                                                                                                                        |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                               |  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;">27451.85</div>                                                                                                                                                                                                                       |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |  |
| Signature<br><br>Jacqueline Vann                                                                                                                                                                                                                                                                                                                            |  | [Electronically Filed]    Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 12 / 2015</div> |                                                                                                                                                                                                                                                                                                                 |  |