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

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives		C C00554774
		U ,
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Push Digital		Date of Public Distribution/Dissemination
		06 20 7 2014
Mailing Address PO Box 7431		Amount
City State	Zip Code	10000.00
Columbia SC	29202	Transaction ID : SE.4470 Date of Disbursement or Obligation
Purpose of Expenditure Online Digital Advertising	Category/ Type 004	06 20 / Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:
Mr. Christopher Brian McDaniel	X Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	79782.74 Dis 201	sbursement For: Primary General  14
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
		Amount
City State	Zip Code	
D		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Off	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dis	sbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	10000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	nically Filed] Date	M = M / D = D / Y = Y = Y = Y = 0 06 20 2014
Signature	_	