



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Mississippi Conservatives**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="132600.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1280000.00"/>	<input type="text" value="2162143.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1412600.02"/>	<input type="text" value="2162143.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1358225.25"/>	<input type="text" value="2107768.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54374.77"/>	<input type="text" value="54374.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Mississippi Conservatives**

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 15 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	865000.00	1490950.00
(ii) Unitemized .....	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	865000.00	1491250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	415000.00	420693.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1280000.00	1911943.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	250150.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	50.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1280000.00	2162143.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1280000.00	2162143.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	67350.10	164609.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	67350.10	164609.61
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) .....	1070725.15	1693008.62
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	220150.00	250150.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1358225.25	2107768.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1358225.25	2107768.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1280000.00	1911943.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1280000.00	1911943.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	67350.10	164609.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	67350.10	164609.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Michael Bloomberg**

Mailing Address 909 Third Avenue

City New York State NY Zip Code 10022

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

Name of Employer Bloomberg Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  
05 / 19 / 2014  
**Transaction ID : SA11AI.4426**

Amount of Each Receipt this Period  
250000.00

Contribution

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

Mailing Address 7 Cypress Lane

City Jackson State MS Zip Code 39211

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

Name of Employer Telapex Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
05 / 22 / 2014  
**Transaction ID : SA11AI.4399**

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 1018 Highland Colony Parkway Suite 500

City Ridgeland State MS Zip Code 39157

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

Name of Employer Telapex Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
05 / 22 / 2014  
**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Crow Holdings</b>		Date of Receipt
Mailing Address 3819 Maple Ave.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75219
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4428</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Howard Leach</b>		Date of Receipt
Mailing Address 399 Park Avenue		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
New York	NY	10022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4401</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Leach Capital LLC	President	<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John Nau</b>		Date of Receipt
Mailing Address 7777 Washington Ave.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4422</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Silver Eagle Distributors, LP	President and C.E.O	<input type="text" value="100000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Hon. John Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3747  
 City Jackson State MS Zip Code 39225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **15000.00**

Date of Receipt **06 / 02 / 2014**  
**Transaction ID : SA11AI.4396**  
 Amount of Each Receipt this Period **5000.00**  
 Contribution

**B. Sean Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 W 10th St.  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Entrepreneur  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250000.00**

Date of Receipt **05 / 16 / 2014**  
**Transaction ID : SA11AI.4425**  
 Amount of Each Receipt this Period **250000.00**  
 Contribution

**C. Mr. Joe Sanderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Bo 988  
 City Laurel State MS Zip Code 39441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanderson Farms Occupation Chairman and CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200000.00**

Date of Receipt **05 / 22 / 2014**  
**Transaction ID : SA11AI.4398**  
 Amount of Each Receipt this Period **100000.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>355000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Warren Stephens**

Mailing Address 111 Center St

City Little Rock      State AR      Zip Code 72203

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

Name of Employer Stephens Inc.      Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11AI.4397**

Amount of Each Receipt this Period  
50000.00

Contribution

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

Mailing Address 589 Highland Colony Park Suite 120

City Ridgeland      State MS      Zip Code 39157

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11AI.4433**

Amount of Each Receipt this Period  
50000.00

Contribution

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100000.00

**TOTAL** This Period (last page this line number only)..... ▶ 865000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN CROSSROADS</b>		Date of Receipt
Mailing Address P.O. BOX 34413		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20043
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11C.4430</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00487363"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="120000.00"/>
Occupation		Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="120000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN CROSSROADS</b>		Date of Receipt
Mailing Address P.O. BOX 34413		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20043
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11C.4416</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00487363"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="40000.00"/>
Occupation		Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="160000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BLUEGRASS COMMITTEE</b>		Date of Receipt
Mailing Address 220 1/2 E ST., NE		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20002
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11C.4414</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00235655"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="50000.00"/>
Occupation		Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="210000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. MAIN STREET ADVOCACY**

Full Name (Last, First, Middle Initial)  
Mailing Address 1200 PENNSYLVANIA AVE NW  
PO BOX 4096

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C90013004

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
05 / 27 / 2014  
**Transaction ID : SA11C.4413**

Amount of Each Receipt this Period  
100000.00

Contribution

**B. PROMOTING OUR REPUBLICAN TEAM PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

FEC ID number of contributing federal political committee. **C** C00440032

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : SA11C.4417**

Amount of Each Receipt this Period  
25000.00

Contribution

**C. RELY ON YOUR BELIEFS FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 209 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00344648

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 27 / 2014  
**Transaction ID : SA11C.4412**

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	130000.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 34  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City State Zip Code  
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. **C** C00436410

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11C.4418**

Amount of Each Receipt this Period  
25000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. TEXANS FOR A CONSERVATIVE MAJORITY**

Mailing Address PO BOX 817

City State Zip Code  
AUSTIN TX 78767

FEC ID number of contributing federal political committee. **C** C00542217

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2014  
**Transaction ID : SA11C.4415**

Amount of Each Receipt this Period  
50000.00

Contribution

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	415000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Capstone Public Affairs LLC**

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement  
Social Media Buys

004

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : **SB21B.4392**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Capstone Public Affairs LLC**

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement  
Political Strategy Consulting

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : **SB21B.4393**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Paradigm Government Relations**

Mailing Address 530 George St.

City Jackson State MS Zip Code 39202

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

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

Transaction ID : **SB21B.4317**

Amount of Each Disbursement this Period

25000.00

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

29000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Paradigm Government Relations**

Mailing Address 530 George St.

City Jackson State MS Zip Code 39202

Purpose of Disbursement  
Canvassing / Get Out The Vote

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

Transaction ID : **SB21B.4391**

Amount of Each Disbursement this Period

35000.00

Full Name (Last, First, Middle Initial)

**B. Scott Howell & Company**

Mailing Address 3900 Willow St.  
Suite 200

City Dallas State TX Zip Code 75226

Purpose of Disbursement  
Shipping Fees

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

Transaction ID : **SB21B.4436**

Amount of Each Disbursement this Period

115.26

Full Name (Last, First, Middle Initial)

**C. Scott Howell & Company**

Mailing Address 3900 Willow St.  
Suite 200

City Dallas State TX Zip Code 75226

Purpose of Disbursement  
Shipping Cost

001  
Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

Transaction ID : **SB21B.4434**

Amount of Each Disbursement this Period

30.00

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

35145.26

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Susan Smith**

Mailing Address 210 E Capitol St.  
Ste. 1262

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
GOTV Expenses

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

**Transaction ID : SB21B.4383**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Incoming Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2014

**Transaction ID : SB21B.4372**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : SB21B.4376**

Amount of Each Disbursement this Period

20.00

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

535.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Incoming Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2014

**Transaction ID : SB21B.4373**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

**Transaction ID : SB21B.4377**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2014

**Transaction ID : SB21B.4381**

Amount of Each Disbursement this Period

20.00

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

55.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : SB21B.4378**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : SB21B.4379**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Incoming Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : SB21B.4380**

Amount of Each Disbursement this Period

15.00

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

55.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2014

**Transaction ID : SB21B.4375**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB21B.4384**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB21B.4388**

Amount of Each Disbursement this Period

20.00

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

60.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

Transaction ID : **SB21B.4385**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

Transaction ID : **SB21B.4386**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Banking Fees

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

Transaction ID : **SB21B.4387**

Amount of Each Disbursement this Period

375.00

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

415.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

### A. Trustmark Bank

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Interest Payment on Loan

001

Category/  
Type

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SB21B.4449

Amount of Each Disbursement this Period

2084.84
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

2084.84
---------

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

67350.10
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Loan Payment

Category/  
Type

Candidate Name  
**Mississippi Conservatives**

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

Date of Disbursement

/  /

**Transaction ID : SB26.4429**

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Mississippi Conservatives** Transaction ID : SC/10.4227

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Trustmark Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 190 E Capitol St.	
City Jackson State MS ZIP Code 39201	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250150.00	250150.00	0.00

**TERMS**

Date Incurred: MM / DD / YYYY  /  /  Date Due: MM / DD / YYYY  Interest Rate:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="0.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Mailing Address 815 Slaters Lane	Amount <span style="border: 1px solid black; padding: 2px;">10968.00</span>
City Alexandria State VA Zip Code 22314	<b>Transaction ID : SE.4365</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1675008.62</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Mailing Address 815 Slaters Lane	Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>
City Alexandria State VA Zip Code 22314	<b>Transaction ID : SE.4366</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Purpose of Expenditure Pandora Digital Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1678008.62</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">13968.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 12 / 2014

Signature \_\_\_\_\_





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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">915.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4328</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1049193.99</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 22 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4331</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 22 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1054193.99</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">11915.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 22 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="float:right">15000.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4332</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 22 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <span style="float:right">1069193.99</span>

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 27 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="float:right">294883.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4341</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 22 / 2014
Purpose of Expenditure TV Ad Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <span style="float:right">1456574.56</span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="float:right">309883.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2014

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">30001.74</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4342</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 22 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1486576.30</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">35030.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4346</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2014
Purpose of Expenditure Radio Ad Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1521606.30</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">65031.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014

Signature



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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4389</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Purpose of Expenditure Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1693008.62</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>United States Postal Service</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Mailing Address 401 E South St	Amount <span style="border: 1px solid black; padding: 2px;">19226.23</span>
City State Zip Code Jackson MS 39201	<b>Transaction ID : SE.4318</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2014
Purpose of Expenditure Postage for Mail	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1021115.70</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">34226.23</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>United States Postal Service</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Mailing Address 401 E South St	Amount <span style="border: 1px solid black; padding: 2px;">1976.15</span>
City Jackson State MS Zip Code 39201	<b>Transaction ID : SE.4319</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2014
Purpose of Expenditure Postage for Mail Category/Type 004	Name of Federal Candidate Mr. Christopher Brian McDaniel <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MS <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1023091.85</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">19187.14</span>
City Alexandria State AL Zip Code 36250	<b>Transaction ID : SE.4322</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2014
Purpose of Expenditure Mail Production Category/Type 004	Name of Federal Candidate Mr. Christopher Brian McDaniel <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MS <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1042278.99</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">21163.29</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 12 / 2014

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 05 / 22 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">64703.26</span>
City State Zip Code Alexandria AL 36250	<b>Transaction ID : SE.4336</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 05 / 22 / 2014
Purpose of Expenditure Mail Printing, Production and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1133897.25</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 05 / 22 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">27794.31</span>
City State Zip Code Alexandria AL 36250	<b>Transaction ID : SE.4337</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 05 / 22 / 2014
Purpose of Expenditure Mail Printing, Production and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1161691.56</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">92497.57</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y  
06 / 12 / 2014

Signature

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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">68466.55</span>
City State Zip Code Alexandria AL 36250	<b>Transaction ID : SE.4354</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Purpose of Expenditure Mail Printing, Production and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Thad Cochran	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1640072.85</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">2074.00</span>
City State Zip Code Alexandria AL 36250	<b>Transaction ID : SE.4356</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Purpose of Expenditure Pushcard Production and Distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Thad Cochran	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1642146.85</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">70540.55</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2014

Signature



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

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">926.00</span>
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Pushcard Production and Distribution	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Thad Cochran	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 28 / 2014
Name of Federal Candidate Thad Cochran	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">1643072.85</span>	

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 23 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">12883.23</span>
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Mail, Production and Postage	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">1655956.08</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">13809.23</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Brian Perry* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2014

Signature

