

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Envision Marketing			Date M M / D D / Y Y Y Y Y Y 11 / 25 / 2013		
Mailing Address 148 Graves Mill Rd.			Amount 23950.78		
City Lynchburg		State VA	Zip Code 24502		
Purpose of Expenditure IE-McDaniel-Direct Mail		Category/ Type 003		Office Sought: ☐ House ☒ Senate ☐ President State: MS District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date M M / D D / Y Y Y Y Y Y 11 / 09 / 2013		
Mailing Address 228 S. WASHINGTON ST., STE. 115			Amount 236.95		
City ALEXANDRIA		State VA	Zip Code 22314		
Purpose of Expenditure IE-McDaniel-Online Processing		Category/ Type 003		Office Sought: ☐ House ☒ Senate ☐ President State: MS District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			24187.73		
(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. Lisa Lisker [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 26 / 2013 Signature _____					

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(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

SENATE CONSERVATIVES FUND

FEC IDENTIFICATION NUMBER ▼

C C00448696

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY
 / /

Full Name (Last, First, Middle Initial) of Payee

SENATE CONSERVATIVES FUND

Date

MM / DD / YYYY
11 / 16 / 2013

Mailing Address 228 S. WASHINGTON ST., STE. 115

City
ALEXANDRIAState
VAZip Code
22314

Amount

137.50

Transaction ID : SE.4970

Purpose of Expenditure
IE-McDaniel-Online ProcessingCategory/
Type 003

Office Sought:

☐ House

State: MS

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CHRISTOPHER BRIAN MCDANIEL

Calendar Year-To-Date Per Election
for Office Sought

0.00

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

Full Name (Last, First, Middle Initial) of Payee

SENATE CONSERVATIVES FUND

Date

MM / DD / YYYY
11 / 23 / 2013

Mailing Address 228 S. WASHINGTON ST., STE. 115

City
ALEXANDRIAState
VAZip Code
22314

Amount

1.00

Transaction ID : SE.4968

Purpose of Expenditure
IE-McDaniel-Direct Mail ProcessingCategory/
Type 003

Office Sought:

☐ House

State: MS

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CHRISTOPHER BRIAN MCDANIEL

Calendar Year-To-Date Per Election
for Office Sought

0.00

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

138.50

(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.

Lisa Lisker

[Electronically Filed]

Date

MM / DD / YYYY
11 / 26 / 2013

Signature

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(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND		FEC IDENTIFICATION NUMBER ▼	
		C C00448696	
Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND			Date M M M / D D D / Y Y Y Y Y Y 11 23 2013	
Mailing Address 228 S. WASHINGTON ST., STE. 115				
City ALEXANDRIA	State VA	Zip Code 22314	Amount 572.65	
Purpose of Expenditure IE-McDaniel-Online Processing		Category/ Type 003	Office Sought: ☐ House State: MS ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	

Transaction ID : SE.4971

Full Name (Last, First, Middle Initial) of Payee Valley Press Inc.			Date M M M / D D D / Y Y Y Y Y Y 11 25 2013	
Mailing Address PO Box 64814				
City Baltimore	State MD	Zip Code 21264	Amount 10143.40	
Purpose of Expenditure IE-McDaniel-Direct mail		Category/ Type 003	Office Sought: ☐ House State: MS ☒ Senate District: 00 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: CHRISTOPHER BRIAN MCDANIEL			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: ☒ Primary ☐ General 2014 ☐ Other (specify) ▶	

Transaction ID : SE.4972

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10716.05
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	35042.28

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.

Lisa Lisker

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

11

26

2013