January 13, 2014

RECEIVED 2014 JAN 15 AM IC: 58 FEC MAIL CENTER

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

Re: Mississippi Conservatives – Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This correspondence issues on behalf of Mississippi Conservatives, a newly-formed committee that is submitting the attached Form 1 Statement of Organization to the Commission. This committee intends to-make independent expenditures, and consistent with the decision of the U.S. Court of Appeals for the District of Columbia Circuit in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. Mississippi Conservatives will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully Submitted,

Briah Perry, Director/Treasurer Mississippi Conservatives

FEC FORM 1	STATEMEN ORGANIZ	•-	2014 J	RECEIVED AN 15 ATTO: 58 MAIL CENTER Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5
Mississippi Cons	servatives			<u></u>
ADDRESS (number and street)	P.O. Box 2096	5		
is changed)	Jackson		MS	39225 _ 2096
	(CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES (Check if address is changed) COMMITTEE'S WEB PAGE ADD	info@mscons	ervatives.com		
Lis changed) 2. DATE Ö1 ^{tt} / 13	نینینینینی * ´ 20ľ14 `		<u> </u>	<u></u>
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correc	t and complete.
Type or Print Name of Treasure	Brian Perry	······································		
Signature of Treasurer	Brinn. Tem	,	_{Date} Ö1	" í 13° í 20ĭ1 4 í
NOTE: Submission of false, errone		may subject the person signing t DN SHOULD BE REPORTED W		
Office Use Only		For further Information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)

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5.	TYPE	OFC	OMMITTEE					
	Cene	didate	Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate				
	Name Candi		╏┈┨┯┚╌┶╴╢╌╎╴┥╴┧╸┨╸┨╸┨╸┥╸┥╸┥╸┥╸┥╸┥╸┥╸┥╸┥╸┥╸┥╸					
	Candi Party	date Affiliatio	on Office Sought: House Senate President	State				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	v Com	nmittee:					
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Political Action Committee (PAC):							
	(ө)	Ш	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:				
			Corporation Corporation w/o Capital Stock	Labor Organization				
			Membership Organization Trade Association	Cooperative				
			In additierr, this committee is a Lobbyist/Registrant PAC.					
	(f)	\mathbf{X}	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated fund or party				
			committee. (i.e., nonconnected committee)					
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint	Fund	raising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal earthidate.					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
		Com	mittees Participating in Joint Fundraiser					
		1.						
		2.	FEC ID number C					
		3.	FEC ID number C					
		4.	FEC ID number C					

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Write or Type Committee Name

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Full Name				
Mailing Address	P.O. Box 2096	<u></u>	1	
			1	
	Jackson		MS	392252096
Title or Position	CITY		STATE	ZIP CODE
Director/Treasure	er	Telephone nu	imber	<u>╷</u> ┛╸┠╷╷╷┚╼┠╻╷╷╷╷┙

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Perry,
Mailing Address	Р.О. Вох 2096
	Jackson [39225] 2096
	CITY STATE ZIP CODE
Title or Position	Telephone number

FEC	Form	1	(Revised	02/2009)
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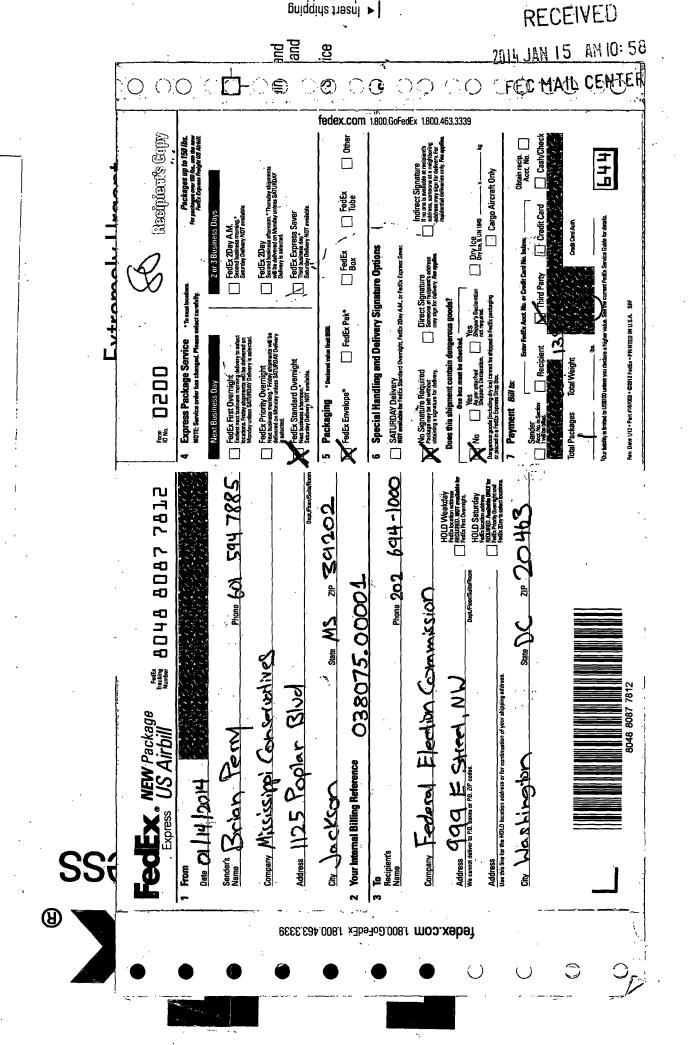
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Full Name of Designated Agent	Brian I			
Mailing Address		Р.О. Вох 2096		
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		CITY	STATE	139225 - 2096 ZIP CODE
Title or Position	easurer	Telephon	ne number	╶╌╌╛╸┠╌╍╌╌┙╸┠╌╍╌╌╍╌
Banks or Other safety deposit bo		es: List all banks or other depositories in which the c tains funds.	ommittee deposits	s funds, holds accounts, rents
Name of Bank, C				
	Trustn	nark National Bank		
Mailing Address		248 E. Capitol Street	<u>i i i i i</u>	
-				
			MS	39201 -
		CITY	STATE	ZIP CODE
Name of Bank, [Depository, e	etc.		
Mailing Address				
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		CITY	STATE	ZIP CODE

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USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed Ex Next Business	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Re	ceipt or Postmarked
R	1/15-/14
PREPARER	DATE PREPARED