

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ALL CITIZENS FOR MISSISSIPPI

ADDRESS (number and street) 1750 ELLIS AVE

Check if different than previously reported. (ACC) JACKSON MS 39204

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00564351

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 05 / 24 / 2014 through [MM] / [DD] / [YYYY] 06 / 30 / 2014

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

Type or Print Name of Treasurer Jacqueline Vann

Signature of Treasurer Jacqueline Vann [Electronically Filed] Date 07 / 29 / 2014

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ALL CITIZENS FOR MISSISSIPPI

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="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="154340.00"/>	<input type="text" value="154340.00"/>
(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="154340.00"/>	<input type="text" value="154340.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="117122.90"/>	<input type="text" value="117122.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37217.10"/>	<input type="text" value="37217.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="20577.81"/>	

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

ALL CITIZENS FOR MISSISSIPPI

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

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).....	11540.00	11540.00
(ii) Unitemized	800.00	800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12340.00	12340.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	142000.00	142000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	154340.00	154340.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	154340.00	154340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	154340.00	154340.00

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	110125.00	110125.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	110125.00	110125.00
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)	6997.90	6997.90
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	117122.90	117122.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117122.90	117122.90

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)	154340.00	154340.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	154340.00	154340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	110125.00	110125.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110125.00	110125.00

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

A. Willie M Bozeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2757 Moncure Marble Road
 City Terry State MS Zip Code 39170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4256
 Amount of Each Receipt this Period
 250.00

B. Lee R Bush
 Full Name (Last, First, Middle Initial)
 Mailing Address 432 Buena Vista Ave
 City Jackson State MS Zip Code 39209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4212
 Amount of Each Receipt this Period
 500.00
 Terry fundraiser

C. Toni D Colley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1028 Whitsett Walk
 City Jackson State MS Zip Code 39206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4205
 Amount of Each Receipt this Period
 1000.00
 Terry fundraiser

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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: PAGE 7 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)
A. Lillian M Cooley

Mailing Address 1116 Hallmark Dr

City Jackson State MS Zip Code 39206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period
500.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
B. William M Cooley

Mailing Address 1116 Hallmark Dr

City Jackson State MS Zip Code 39206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
1000.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
C. James Covington

Mailing Address 1061 Whitsett Walk

City Jackson State MS Zip Code 39206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
500.00

Terry fundraiser

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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: PAGE 8 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)
A. Leland S Garrett

Mailing Address 2659 Livingston Road

City Jackson State MS Zip Code 39213

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
500.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
B. Marvin Hogan

Mailing Address 111 Rock Glen Place

City Jackson State MS Zip Code 39206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
250.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
C. Dr. Hickman M Johnson

Mailing Address 1035 Devonshire Dr

City Jackson State MS Zip Code 39206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
400.00

Terry fundraiser

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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: PAGE 9 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)
A. Lemont Scott Group, LLC

Mailing Address 124 Sherwood Dr

City State Zip Code
Brandon MS 39047

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
250.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
B. Bob Owens

Mailing Address P O Box 808

City State Zip Code
Jackson MS 39205

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
750.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
C. Reddix Medical Group

Mailing Address 5903 Ridgewood Rd

City State Zip Code
Jackson MS 39211

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
1000.00

Terry fundraiser

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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: PAGE 10 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)
A. Dr. Robert Smith

Mailing Address 1134 Winter Street

City Jackson State MS Zip Code 39204

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
 250.00

Terry fundraiser

Full Name (Last, First, Middle Initial)
B. Receipts Unitemized

Mailing Address None

City None State MS Zip Code 00000

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

Name of Employer Occupation
None None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2685.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
 2685.00

Full Name (Last, First, Middle Initial)
C. Terry Fundraiser of Unitemized Receipts

Mailing Address None

City None State MS Zip Code 00000

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
 1705.00

Terry fundraiser

SUBTOTAL of Receipts This Page (optional).....▶	4640.00
TOTAL This Period (last page this line number only).....▶	11540.00

**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 11 OF 24
<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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial) A. Mississippi Conservatives		Date of Receipt
Mailing Address P O Box 2096		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11C.4099
Jackson	MS	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00554774"/>	<input type="text" value="60000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="60000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mississippi Conservatives		Date of Receipt
Mailing Address P O Box 2096		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11C.4101
Jackson	MS	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00554774"/>	<input type="text" value="65000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="125000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mississippi Conservatives		Date of Receipt
Mailing Address P O Box 2096		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11C.4102
Jackson	MS	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00554774"/>	<input type="text" value="12000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="137000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="137000.00"/>
TOTAL 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: PAGE 12 OF 24
(check only one)

<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
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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

A. Mississippi Conservatives

Full Name (Last, First, Middle Initial)
Mailing Address P O Box 2096

City Jackson	State MS	Zip Code 39225
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FEC ID number of contributing federal political committee. **C** C00554774

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
142000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11C.4103

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
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

C.

Full Name (Last, First, Middle Initial)
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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	142000.00

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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Ronny Barrett

Mailing Address 87 North Ratliff

City Morton State MS Zip Code 39117

Purpose of Disbursement
Door to door get out the vote efforts

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : SB21B.4130

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Ronny Barrett

Mailing Address 87 North Ratliff

City Morton State MS Zip Code 39117

Purpose of Disbursement
Door to door get out the vote efforts

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : SB21B.4136

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Best Solved Solutions, LLC

Mailing Address 695 Luckney Rd

City Brandon State MS Zip Code 39042

Purpose of Disbursement
Door to door get out the vote efforts

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : SB21B.4142

Amount of Each Disbursement this Period

1	9	0	0	0	0	0	0	0	0

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

2	1	5	0	0	0	0	0	0	0

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

2	1	5	0	0	0	0	0	0	0

**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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Credell Calhoun

Mailing Address 255 Myer Ave

City Jackson State MS Zip Code 39209

Purpose of Disbursement
Door to door get out the vote efforts

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ronnie Crudup Sr.

Mailing Address 242 Heathway Cove

City Jackson State MS Zip Code 39272

Purpose of Disbursement
Catering cost

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB21B.4111

Amount of Each Disbursement this Period

2625.00

Full Name (Last, First, Middle Initial)

C. Roosevelt Daniels

Mailing Address P O Box 2264

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Door to door get out the vote efforts

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB21B.4128

Amount of Each Disbursement this Period

5000.00

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

12625.00

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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Roosevelt Daniels

Mailing Address P O Box 2264

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Door to door get out the vote efforts

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2014

Transaction ID : SB21B.4137

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Roosevelt Daniels

Mailing Address P O Box 2264

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Door to door get out the vote efforts

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : SB21B.4148

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Roosevelt Daniels

Mailing Address P O Box 2264

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Door to door get out the vote efforts

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Kehinde Gaynor

Mailing Address 1221 Scots Glen

City Jackson State MS Zip Code 39204

Purpose of Disbursement
Brochures

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4122

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Vince Gordon

Mailing Address 753 McCluer Rd

City Jackson State MS Zip Code 39212

Purpose of Disbursement
Use of private vehicle

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4108

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Staci Hunter

Mailing Address 624 Freemont St

City Jackson State MS Zip Code 39204

Purpose of Disbursement
Consultant

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4140

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. New Horizon Church International

Mailing Address 1770 Ellis Ave
Suite 200

City Jackson State MS Zip Code 39204

Purpose of Disbursement
Rent for office space

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4106

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Levon Owens

Mailing Address P o Box 21

City Terry State MS Zip Code 39170

Purpose of Disbursement
Door to door get out the vote efforts

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4150

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Keith Richardson

Mailing Address 718 Wingfield St

City Jackson State MS Zip Code 39209

Purpose of Disbursement
Door to door get out to vote efforts

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4240

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Jacqueline Vann

Mailing Address 1750 Ellis Ave

City Jackson State MS Zip Code 39204

Purpose of Disbursement
Accounting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4110

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. James Warren

Mailing Address 695 Luckney Rd

City Brandon State MS Zip Code 39042

Purpose of Disbursement
Door to door get out the vote efforts

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4126

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. James Warren

Mailing Address 695 Luckney Rd

City Brandon State MS Zip Code 39042

Purpose of Disbursement
Door to door get out the vote efforts

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4133

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. James Warren

Mailing Address 695 Luckney Rd

City State Zip Code
Brandon MS 39042

Purpose of Disbursement
Door to door get out the vote efforts

007
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4134

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Bill Washington

Mailing Address P O Box 931

City State Zip Code
Jackson MS 39071

Purpose of Disbursement
Door to door get out to vote efforts

007
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4124

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Bill Washington

Mailing Address P O Box 931

City State Zip Code
Jackson MS 39071

Purpose of Disbursement
Door to door get out the vote efforts

007
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4135

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Bill Washington

Mailing Address P O Box 931

City Jackson State MS Zip Code 39071

Purpose of Disbursement
Door to door get out the vote efforts

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4144

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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 D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ALL CITIZENS FOR MISSISSIPPI

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Media & Advocacy Group	Nature of Debt (Purpose): Radio Ad
Mailing Address 815 Slaters Lane	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4194	
Amount Incurred This Period <input type="text" value="20577.81"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20577.81"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="20577.81"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="20577.81"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="20577.81"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee American Media & Advocacy Group [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2014
Mailing Address 815 Slaters Lane	Amount 20577.81
City Alexandria State VA Zip Code 22314	Transaction ID : SE.4193 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Purpose of Expenditure Radio Ad	Category/Type 004
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 District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 26775.71	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee Jackson Free Press	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2014
Mailing Address 125 S Congress St Suite 1324	Amount 1875.00
City Jackson State MS Zip Code 39201	Transaction ID : SE.4156 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2014
Purpose of Expenditure Print Advertisement	Category/Type 004
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 District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 3049.90	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1875.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Jacqueline Vann
Signature

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI
FEC IDENTIFICATION NUMBER C C00564351
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Jackson Advocate
Mailing Address 438 Mill St
City Jackson State MS Zip Code 39202
Purpose of Expenditure Print advertisement
Name of Federal Candidate THAD COCHRAN
Calendar Year-To-Date Per Election for Office Sought 1174.90
Date of Public Distribution/Dissemination 06/11/2014
Amount 1174.90
Transaction ID : SE.4158
Date of Disbursement or Obligation 06/11/2014
Office Sought: Senate State: MS
Disbursement For: Other (specify) Runoff

Full Name of Payee The Jackson Advocate
Mailing Address 438 Mill St
City Jackson State MS Zip Code 39202
Purpose of Expenditure Print advertisement
Name of Federal Candidate THAD COCHRAN
Calendar Year-To-Date Per Election for Office Sought 4597.90
Date of Public Distribution/Dissemination 06/19/2014
Amount 1548.00
Transaction ID : SE.4162
Date of Disbursement or Obligation 06/20/2014
Office Sought: Senate State: MS
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 2722.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Jacqueline Vann [Electronically Filed] Date 07/29/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI
FEC IDENTIFICATION NUMBER C C00564351
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee The Mississippi Link
Mailing Address 2659 Livingston Rd
City Jackson State MS Zip Code 39213
Purpose of Expenditure Print advertisement Category/Type 004
Name of Federal Candidate THAD COCHRAN Support
Office Sought: Senate State: MS
Disbursement For: Primary
Amount 800.00
Transaction ID: SE.4163
Date of Disbursement or Obligation 06/06/2014

Full Name of Payee The Mississippi Link
Mailing Address 2659 Livingston Rd
City Jackson State MS Zip Code 39213
Purpose of Expenditure Print advertisement Category/Type 004
Name of Federal Candidate THAD COCHRAN Support
Office Sought: Senate State: MS
Disbursement For: Other (specify) Runoff
Amount 1600.00
Transaction ID: SE.4164
Date of Disbursement or Obligation 06/20/2014

(a) SUBTOTAL of Itemized Independent Expenditures 2400.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 6997.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Jacqueline Vann [Electronically Filed] Date 07/29/2014
Signature