

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.
Mississippi Conservatives

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period through

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 Mr. Brian Perry

Signature of Treasurer Mr. Brian Perry *[Electronically Filed]* Date

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

**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="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="717993.00"/>	<input type="text" value="717993.00"/>
(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="717993.00"/>	<input type="text" value="717993.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="688330.15"/>	<input type="text" value="688330.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29662.85"/>	<input type="text" value="29662.85"/>
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="230150.00"/>	

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)

Page 3

Write or Type Committee Name

Mississippi Conservatives

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).....	461900.00	461900.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	462100.00	462100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5693.00	5693.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	467793.00	467793.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	250150.00	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.).....	50.00	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))..... ▶	717993.00	717993.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	717993.00	717993.00

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	76699.51	76699.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76699.51	76699.51
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)	591630.64	591630.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	20000.00	20000.00
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)) ..	688330.15	688330.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	688330.15	688330.15

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)	467793.00	467793.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	467793.00	467793.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76699.51	76699.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76699.51	76699.51

**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 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Hon. Haley Barbour			Date of Receipt MM / DD / YYYY 01 / 30 / 2014 Transaction ID : SA11AI.4168
Mailing Address 648 Dogwood Dr.			Amount of Each Receipt this Period 10000.00
City Yazoo City	State MS	Zip Code 39194	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer BGR Group	Occupation Founding Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Mr. James L. Barksdale			Date of Receipt MM / DD / YYYY 01 / 27 / 2014 Transaction ID : SA11AI.4166
Mailing Address 800 Woodlands Parkway Ste. 118			Amount of Each Receipt this Period 25000.00
City Ridgeland	State MS	Zip Code 39157	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Barksdale Management Corp.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00		

Full Name (Last, First, Middle Initial) C. Bollinger Shipyards			Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : SA11AI.4191
Mailing Address PO Box 250			Amount of Each Receipt this Period 25000.00
City Lockport	State LA	Zip Code 70374	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00		

SUBTOTAL of Receipts This Page (optional).....▶	60000.00
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 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Sally Bradshaw

Mailing Address 1345 Dupont Rd

City Havanna	State FL	Zip Code 32333
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Consultant
-----------------------------------	--------------------------

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
02	/	07	/	2014

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Mr. Rick Calhoon

Mailing Address 217 West Capitol St.
Ste. 201

City Jackson	State MS	Zip Code 39201
-----------------	-------------	-------------------

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

Name of Employer Pruett Oil Company	Occupation Executive
--	-------------------------

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
03	/	24	/	2014

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C. Mr. B.J. Canup

Mailing Address 102 Francis Dr.

City Fulton	State MS	Zip Code 38843
----------------	-------------	-------------------

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

Name of Employer Tremont Floral Supplies, Inc.	Occupation Owner
---	---------------------

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
02	/	24	/	2014

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. 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 Occupation
Telapex Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
03 / 06 / 2014
Transaction ID : SA11AI.4211

Amount of Each Receipt this Period
10000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Telapex President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
03 / 06 / 2014
Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
10000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C. Crest Investment Company

Mailing Address 6800 Chase Tower

City Houston State TX Zip Code 77002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
03 / 27 / 2014
Transaction ID : SA11AI.4269

Amount of Each Receipt this Period
25000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 45000.00

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 32
(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. John Dane III

Mailing Address 13085 Seaway Road

City State Zip Code
Gulfport MS 39503

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

Name of Employer Occupation
Trinity Yachts LLC CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
2000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
B. Robert Day

Mailing Address 865 South Figueroa St.

City State Zip Code
Los Angeles CA 90017

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

Name of Employer Occupation
TCW Group, Inc Founder

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
 03 / 31 / 2014
Transaction ID : SA11AI.4266

Amount of Each Receipt this Period
25000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ergon

Mailing Address PO Box 1639

City State Zip Code
Jackson MS 39215

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

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
 02 / 07 / 2014
Transaction ID : SA11AI.4170

Amount of Each Receipt this Period
25000.00

Memo Item
Corporate Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 52000.00

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 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Mr. Tony Feather
Full Name (Last, First, Middle Initial)
Mailing Address 2720 Tanglewood Dr.
City Jefferson City State MO Zip Code 65109
FEC ID number of contributing federal political committee. **C**
Name of Employer FLS Connect Occupation Partner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : SA11AI.4202
Amount of Each Receipt this Period **5000.00**
 Memo Item
Contribution

B. Mr. Howard Leach
Full Name (Last, First, Middle Initial)
Mailing Address 399 Park Avenue
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer Leach Capital LLC Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **25000.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : SA11AI.4263
Amount of Each Receipt this Period **25000.00**
 Memo Item
Contribution

C. Mr. Hal Miller III
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1123
City Jackson State MS Zip Code 39215
FEC ID number of contributing federal political committee. **C**
Name of Employer Miller Transporters Inc. Occupation Executive VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 17 / 2014**
Transaction ID : SA11AI.4204
Amount of Each Receipt this Period **2000.00**
 Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	32000.00
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 11 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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. Mr. Larry Mizel
Full Name (Last, First, Middle Initial)

Mailing Address 4350 South Monaco St.
5th Floor

City State Zip Code
Denver CO 80237

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

Name of Employer Occupation
MDC Holdings Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period
10000.00

Memo Item
Contribution

B. Mr. W.D. Mounger
Full Name (Last, First, Middle Initial)

Mailing Address 4450 Old Canton Rd.
Ste. 203

City State Zip Code
Jackson MS 39211

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

Name of Employer Occupation
Self-Employed Oil & Gas Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period
25000.00

Memo Item
Contribution

C. Mike Retzer
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4457

City State Zip Code
Greenville MS 38704

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

Name of Employer Occupation
Self-Employed Restaurant Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period
10000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	45000.00
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 12 OF 32
	<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. Donna Ruth Roberts

Mailing Address 503 N. Lamar

City Oxford State MS Zip Code 38655

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 25000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lee Rone

Mailing Address 803 Harbor Isle Cir. E

City Memphis State TN Zip Code 38103

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

Name of Employer COO Occupation Youth Villages

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
 2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)
C. John Rounsaville

Mailing Address 206 Culpepper Blvd

City Madison State MS Zip Code 39110

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

Name of Employer Waggoner Engineering Occupation Vice President of Strategic Services

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
 03 / 04 / 2014
Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
 1000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	▶	28500.00
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 13 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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 ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
 100000.00

Memo Item
Contribution

B. Marie Thomas Sanderson
Full Name (Last, First, Middle Initial)

Mailing Address 312 Washington Ave.

City Ocean Springs State MS Zip Code 39564

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

Name of Employer Cardinal Group LLC Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
 1500.00

Memo Item
Contribution

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

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 ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
 25000.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	126500.00
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 14 OF 32
(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. Tellus Operating Group LLC
 Mailing Address 602 Crescent Pl #100
 City State Zip Code
 Ridgeland MS 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : SA11AI.4198
 Amount of Each Receipt this Period
 15000.00
 Memo Item
 Contribution

Full Name (Last, First, Middle Initial)
B. Mrs. Amanda Tollison
 Mailing Address 114 Pinecrest Dr.
 City State Zip Code
 Oxford MS 38655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Butler Snow Attorney
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : SA11AI.4193
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Contribution

Full Name (Last, First, Middle Initial)
C. Giles Ward
 Mailing Address 114 Jordan Circle
 City State Zip Code
 Louisville MS 39339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 State of Mississippi State Senator
 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
 02 / 25 / 2014
Transaction ID : SA11AI.4217
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 20500.00
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 15 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Mr. Richard Wax
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 60
City Amory State MS Zip Code 38821
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation The Wax Company
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **50000.00**

Date of Receipt **02 / 21 / 2014**
Transaction ID : SA11AI.4175
Amount of Each Receipt this Period **50000.00**
 Memo Item Contribution

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
Amount of Each Receipt this Period
 Memo Item

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
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50000.00
TOTAL This Period (last page this line number only).....	461900.00

**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 16 OF 32
<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. BGR PAC
Full Name (Last, First, Middle Initial)
Mailing Address 601 THIRTEENTH STREET, NW
ELEVENTH FLOOR SOUTH
City WASHINGTON State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00359588
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 693.00

Date of Receipt 03 / 04 / 2014
Transaction ID : SA11C.4249
Amount of Each Receipt this Period 693.00
 Memo Item
In-kind - Reception

B. PICKERING FOR CONGRESS
Full Name (Last, First, Middle Initial)
Mailing Address C/O DANNA S. LANE
8580 BEAVERWOOD DRIVE
City GERMANTOWN State TN Zip Code 38138
FEC ID number of contributing federal political committee. **C** C00308577
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 03 / 2014
Transaction ID : SA11C.4196
Amount of Each Receipt this Period 5000.00
 Memo Item

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
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5693.00
TOTAL This Period (last page this line number only).....▶	5693.00

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

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

FOR LINE NUMBER: PAGE 17 OF 32
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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
<input checked="" type="checkbox"/>								

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. Trustmark Bank
Full Name (Last, First, Middle Initial)
Mailing Address 190 E Capitol St.
City Jackson State MS Zip Code 39201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250200.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2014
Transaction ID : SA13.4227
Amount of Each Receipt this Period
250150.00
 Memo Item
IE Loan

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
MM / DD / YYYY
Amount of Each Receipt this Period
 Memo Item

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
MM / DD / YYYY
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250150.00
TOTAL This Period (last page this line number only).....▶	250150.00

**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. BGR PAC

Mailing Address 601 THIRTEENTH STREET, NW
ELEVENTH FLOOR SOUTH

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
In-kind - Reception

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : **SB21B.4250**

Amount of Each Disbursement this Period

693.00

Memo Item

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
Salary

Candidate Name

Mississippi Conservatives

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 05 / 2014

Transaction ID : **SB21B.4159**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Salary

Candidate Name

Mississippi Conservatives

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 03 / 2014

Transaction ID : **SB21B.4240**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3693.00

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. Hynes Communications

Mailing Address 121 Bow Street

City Portsmouth State ME Zip Code 03801

Purpose of Disbursement
Social Media

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
03 / 20 / 2014

Transaction ID : **SB21B.4257**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Impact Management Group

Mailing Address 124 W. Capitol Ave.
Ste. 1886

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Poll

005

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
03 / 20 / 2014

Transaction ID : **SB21B.4254**

Amount of Each Disbursement this Period

2850.00

Memo Item

Full Name (Last, First, Middle Initial)

C. McKenna Long & Aldridge LLP

Mailing Address 1900 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement
Attorney Compliance

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
03 / 03 / 2014

Transaction ID : **SB21B.4242**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10350.00

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. McKenna Long & Aldridge LLP

Mailing Address 1900 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement
Compliance Attorney

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 : SB21B.4246

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Public Opinion Strategies

Mailing Address 214 North Fayette Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Poll

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 : SB21B.4161

Amount of Each Disbursement this Period

Memo Item

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
Media Production

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 : SB21B.4253

Amount of Each Disbursement this Period

Memo Item

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

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. Scott Howell & Company

Mailing Address 3900 Willow St.
Suite 200

City Dallas State TX Zip Code 75226

Purpose of Disbursement
Media Production

004

Candidate Name

Mississippi Conservatives

Category/
Type

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
03 / 20 / 2014

Transaction ID : **SB21B.4251**

Amount of Each Disbursement this Period

9964.75

Memo Item

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

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : **SB21B.4231**

Amount of Each Disbursement this Period

20.00

Memo Item

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

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : **SB21B.4232**

Amount of Each Disbursement this Period

20.00

Memo Item

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

10004.75

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

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SB21B.4233

Amount of Each Disbursement this Period

20.00

Memo Item

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

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SB21B.4234

Amount of Each Disbursement this Period

20.00

Memo Item

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

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SB21B.4235

Amount of Each Disbursement this Period

20.00

Memo Item

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

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SB21B.4236**

Amount of Each Disbursement this Period

20.00

Memo Item

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

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : **SB21B.4237**

Amount of Each Disbursement this Period

20.00

Memo Item

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
Bank 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

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SB21B.4238**

Amount of Each Disbursement this Period

36.00

Memo Item

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

76.00

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

76383.75

**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
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB26.4244

Amount of Each Disbursement this Period

Memo Item

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
Loan Payment

Category/
Type

Candidate Name
Mississippi Conservatives

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB26.4245

Amount of Each Disbursement this Period

Memo Item

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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**

LOAN SOURCE Full Name (Last, First, Middle Initial) Trustmark Bank	<input type="checkbox"/> Memo Item	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 <input type="text" value="250150.00"/>	Cumulative Payment To Date <input type="text" value="20000.00"/>	Balance Outstanding at Close of This Period <input type="text" value="230150.00"/>
---	---	---

TERMS

Date Incurred MM / DD / YYYY 01 / 29 / 2014	Date Due MM / DD / YYYY 06/03/14	Interest Rate <input type="text" value="2.86"/> % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	---

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

1. Full Name (Last, First, Middle Initial) Hon. Haley Barbour	Name of Employer BGR Group
Mailing Address 648 Dogwood Dr.	Occupation Founding Partner
City State ZIP Code Yazoo City MS 39194	Amount Guaranteed Outstanding: <input type="text" value="230011.99"/> Transaction ID : SC/10.4227.0.SC2
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"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="230150.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text" value="230150.00"/>

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

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Mississippi Conservatives	Transaction ID : SC/10.4227.SC1	FEC IDENTIFICATION NUMBER C C00554774
---	--	---

LENDING INSTITUTION (LENDER) Full Name Trustmark Bank	Amount of Loan 250150.00	Interest Rate (APR) 2.86 %
--	------------------------------------	--------------------------------------

Mailing Address 190 E Capitol St.	Date Incurred or Established 01 / 29 / 2014	
City State Zip Code Jackson MS 39201	Date Due 06/03/14	Back Ref SC/10.4227

A. Has loan been restructured? No Yes If yes, date originally incurred **01 / 29 / 2014**

B. If line of credit, Amount of this Draw: **0.00** Total Outstanding Balance: **0.00**

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: Certificate of Deposit

What is the value of this collateral? **250000.00**

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: **01 / 29 / 2014** Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Mr. Brian Perry Signature _____	DATE 09 / 02 / 2016
--	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Mr. Harry Walker Signature <i>Mr. Harry Walker</i>	<i>[Electronically Filed]</i>	DATE 01 / 29 / 2014
Title President		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee JacksonJambalaya.com <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 10 / 2014
Mailing Address 5106 Old Caton Road	Amount 2200.00
City State Zip Code Jackson MS 39211	Transaction ID : SE.4121 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 10 / 2014
Purpose of Expenditure Blog advertisement	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: _____ <input type="checkbox"/> President 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) ▶ _____ 221740.00

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 219540.00
City State Zip Code Dallas TX 75226	Transaction ID : SE.4111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 30 / 2014
Purpose of Expenditure Media 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 District: _____ <input type="checkbox"/> President 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) ▶ _____ 219540.00

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	221740.00
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 21 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 30604.00
City State Zip Code Dallas TX 75226	
Purpose of Expenditure Radio Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 20 / 2014
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	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
252344.00	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 19212.00
City State Zip Code Dallas TX 75226	
Purpose of Expenditure Radio Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2014
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	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
271556.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49816.00
(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.

Mr. Brian Perry

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 70182.00
City State Zip Code Dallas TX 75226	
Purpose of Expenditure TV & Cable Media 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 341738.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 30100.52
City State Zip Code Dallas TX 75226	
Purpose of Expenditure Radio ad	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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 371838.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100282.52
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Mississippi Conservatives
FEC IDENTIFICATION NUMBER
C C00554774
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Scott Howell & Company
Mailing Address: 3900 Willow St. Suite 200
City: Dallas State: TX Zip Code: 75226
Purpose of Expenditure: Media Buy Category/Type: 004
Date of Public Distribution/Dissemination: 03/14/2014
Amount: 58355.00
Transaction ID: SE.4176
Date of Disbursement or Obligation: 03/14/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Support: Oppose
Office Sought: Senate State: MS
Calendar Year-To-Date Per Election for Office Sought: 440193.52
Disbursement For: Primary 2014

Full Name of Payee: Scott Howell & Company
Mailing Address: 3900 Willow St. Suite 200
City: Dallas State: TX Zip Code: 75226
Purpose of Expenditure: Cable Buy Category/Type: 004
Date of Public Distribution/Dissemination: 03/19/2014
Amount: 25099.00
Transaction ID: SE.4180
Date of Disbursement or Obligation: 03/18/2014
Name of Federal Candidate: Mr. Christopher Brian McDaniel
Support: Oppose
Office Sought: Senate State: MS
Calendar Year-To-Date Per Election for Office Sought: 465292.52
Disbursement For: Primary 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 83454.00
(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.
Mr. Brian Perry [Electronically Filed] Date 09/02/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Scott Howell & Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 110114.00
City State Zip Code Dallas TX 75226	
Purpose of Expenditure Media Buy	Category/Type 004
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: MS
Calendar Year-To-Date Per Election for Office Sought 580210.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee United States Postal Service <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 20 / 2014
Mailing Address 401 E South St	Amount 4803.71
City State Zip Code Jackson MS 39201	
Purpose of Expenditure Postage	Category/Type 004
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: MS
Calendar Year-To-Date Per Election for Office Sought 470096.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	114917.71
(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.

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 269	Amount 10000.00
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Mail	Category/Type 004
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: MS
Calendar Year-To-Date Per Election for Office Sought 381838.52	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Winning Edge <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 29 / 2014
Mailing Address PO Box 269	Amount 11420.41
City State Zip Code Alexandria AL 36250	
Purpose of Expenditure Mail	Category/Type 004
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: MS
Calendar Year-To-Date Per Election for Office Sought 591630.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21420.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	591630.64

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
09 / 02 / 2016

Signature _____