

# 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**

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Page 2

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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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

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

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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

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

**A. Hon. Haley Barbour**  
Full Name (Last, First, Middle Initial)  
Mailing Address 648 Dogwood Dr.  
City Yazoo City State MS Zip Code 39194  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BGR Group Occupation Founding Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt 01 / 30 / 2014  
**Transaction ID : SA11AI.4168**  
Amount of Each Receipt this Period 10000.00  
Contribution

**B. Mr. James L. Barksdale**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Woodlands Parkway Ste. 118  
City Ridgeland State MS Zip Code 39157  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Barksdale Managment Corp. Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 25000.00

Date of Receipt 01 / 27 / 2014  
**Transaction ID : SA11AI.4166**  
Amount of Each Receipt this Period 25000.00  
Contribution

**C. Bollinger Shipyards**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 250  
City Lockport State LA Zip Code 70374  
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 02 / 14 / 2014  
**Transaction ID : SA11AI.4191**  
Amount of Each Receipt this Period 25000.00  
Contribution

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sally Bradshaw**  
Full Name (Last, First, Middle Initial)  
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 **02 / 07 / 2014**  
**Transaction ID : SA11AI.4169**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**B. Mr. Rick Calhoon**  
Full Name (Last, First, Middle Initial)  
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 Pruet Oil Company Occupation Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**  
Date of Receipt **03 / 24 / 2014**  
**Transaction ID : SA11AI.4265**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**c. Mr. B.J. Canup**  
Full Name (Last, First, Middle Initial)  
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 **02 / 24 / 2014**  
**Transaction ID : SA11AI.4194**  
Amount of Each Receipt this Period **400.00**  
Contribution

**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: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. James Creekmore</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 <b>Transaction ID : SA11AI.4211</b>
Mailing Address 7 Cypress Lane		Amount of Each Receipt this Period 10000.00
City Jackson	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Telapex	Occupation Vice President	
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>B. Wade Creekmore</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 <b>Transaction ID : SA11AI.4212</b>
Mailing Address 1018 Highland Colony Parkway Suite 500		Amount of Each Receipt this Period 10000.00
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Telapex	Occupation President	
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>C. Crest Investment Company</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 <b>Transaction ID : SA11AI.4269</b>
Mailing Address 6800 Chase Tower		Amount of Each Receipt this Period 25000.00
City Houston	State TX	Zip Code 77002
FEC ID number of contributing federal political committee. C	Contribution	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 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	

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

**A. John Dane III**  
Full Name (Last, First, Middle Initial)

Mailing Address 13085 Seaway Road

City Gulfport State MS Zip Code 39503

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

Name of Employer Trinity Yachts LLC Occupation 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

Contribution

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

Mailing Address 865 South Figueroa St.

City Los Angeles State CA Zip Code 90017

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

Name of Employer TCW Group, Inc Occupation 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

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

Mailing Address PO Box 1639

City Jackson State MS Zip Code 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

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: (check only one)	PAGE 10 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	

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

**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
5000.00

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

**Transaction ID : SA11AI.4263**

Amount of Each Receipt this Period  
25000.00

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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.4204**

Amount of Each Receipt this Period  
2000.00

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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Mississippi Conservatives**

Full Name (Last, First, Middle Initial) <b>A. Mr. Larry Mizel</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.4264</b>
Mailing Address 4350 South Monaco St. 5th Floor		Amount of Each Receipt this Period 10000.00
City Denver	State CO	Zip Code 80237
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer MDC Holdings	Occupation Executive	
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>B. Mr. W.D. Mounger</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2014 <b>Transaction ID : SA11AI.4167</b>
Mailing Address 4450 Old Canton Rd. Ste. 203		Amount of Each Receipt this Period 25000.00
City Jackson	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self-Employed	Occupation Oil & Gas Investor	
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) <b>C. Mike Retzer</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2014 <b>Transaction ID : SA11AI.4174</b>
Mailing Address PO Box 4457		Amount of Each Receipt this Period 10000.00
City Greenville	State MS	Zip Code 38704
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self-Employed	Occupation Restaurant Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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	

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

**A. Donna Ruth Roberts**  
Full Name (Last, First, Middle Initial)

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 M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
 25000.00

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

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 M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
 2500.00

Contribution

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

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 M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2014  
**Transaction ID : SA11AI.4218**

Amount of Each Receipt this Period  
 1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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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)

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  
 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)

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  
 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)

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  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 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

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

Full Name (Last, First, Middle Initial) <b>A. Tellus Operating Group LLC</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2014 <b>Transaction ID : SA11AI.4198</b>
Mailing Address 602 Crescent Pl #100		Amount of Each Receipt this Period 15000.00
City Ridgeland	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Amanda Tollison</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2014 <b>Transaction ID : SA11AI.4193</b>
Mailing Address 114 Pinecrest Dr.		Amount of Each Receipt this Period 5000.00
City Oxford	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Butler Snow	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Giles Ward</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2014 <b>Transaction ID : SA11AI.4217</b>
Mailing Address 114 Jordan Circle		Amount of Each Receipt this Period 500.00
City Louisville	State MS	Zip Code 39339
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer State of Mississippi	Occupation State Senator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 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
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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**  
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

**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

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

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

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

FOR LINE NUMBER: PAGE 16 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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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

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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2014  
**Transaction ID : SA11C.4249**

Amount of Each Receipt this Period  
693.00

In-kind - Reception

Full Name (Last, First, Middle Initial)  
**B. PICKERING FOR CONGRESS**

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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2014  
**Transaction ID : SA11C.4196**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5693.00
<b>TOTAL</b> 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"/> 13								

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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

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  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014  
**Transaction ID : SA13.4227**

Amount of Each Receipt this Period  
 250150.00

IE Loan

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250150.00
<b>TOTAL</b> 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

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

Transaction ID : **SB21B.4250**

Amount of Each Disbursement this Period

693.00

Full Name (Last, First, Middle Initial)

**B. Capstone Public Affairs LLC**

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement  
Salary

Candidate Name

**Mississippi Conservatives**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **SB21B.4159**

Amount of Each Disbursement this Period

1500.00

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) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **SB21B.4240**

Amount of Each Disbursement this Period

1500.00

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

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

3693.00

**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)  
**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

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

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

**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

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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

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 / 21 / 2014

**Transaction ID : SB21B.4246**

Amount of Each Disbursement this Period

2500.00

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

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  
01 / 23 / 2014

**Transaction ID : SB21B.4161**

Amount of Each Disbursement this Period

29000.00

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

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  
02 / 24 / 2014

**Transaction ID : SB21B.4253**

Amount of Each Disbursement this Period

20700.00

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

52200.00

**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)  
**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

MM / DD / YYYY  
03 / 20 / 2014

Transaction ID : SB21B.4251

Amount of Each Disbursement this Period

9964.75

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2014

Transaction ID : SB21B.4232

Amount of Each Disbursement this Period

20.00

**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

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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

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

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

**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

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

Full Name (Last, First, Middle Initial)

**A. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2014

Transaction ID : **SB21B.4236**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
Wire Transfer Fee

001

Candidate Name

**Mississippi Conservatives**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2014

Transaction ID : **SB21B.4237**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Trustmark Bank**

Mailing Address 190 E Capitol St.

City Jackson State MS Zip Code 39201

Purpose of Disbursement  
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

MM / DD / YYYY  
03 / 31 / 2014

Transaction ID : **SB21B.4238**

Amount of Each Disbursement this Period

36.00

**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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB26.4244**

Amount of Each Disbursement this Period

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : SB26.4245**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



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

**LOANS**

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

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250150.00	20000.00	230150.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	230150.00
<b>TOTALS</b> This Period (last page in this line only).....▶	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) <b>Mississippi Conservatives</b>	Transaction ID : <b>SC/10.4227.SC1</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00554774
---	--	---

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

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

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

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

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:

What is the value of this collateral? **/  /  0.00**

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: **/  /**      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 <b>Mr. Brian Perry</b> Signature <b>  </b>	DATE <b>05 / 12 / 2014</b>
--	-------------------------------

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 <b>Mr. Harry Walker</b> Signature <b>Mr. Harry Walker</b>	[Electronically Filed]	DATE <b>01 / 29 / 2014</b>
Title <b>President</b>		

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
JacksonJambalaya.com
Mailing Address
5106 Old Caton Road
City
Jackson State
MS Zip Code
39211
Purpose of Expenditure
Blog advertisement Category/ Type
004
Name of Federal Candidate
Mr. Christopher Brian McDaniel Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
221740.00

Date of Public Distribution/Dissemination
02 / 10 / 2014
Amount
2200.00
Transaction ID : SE.4121
Date of Disbursement or Obligation
02 / 10 / 2014
Office Sought:
House Senate
Disbursement For:
Primary General
Other (specify)

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
Name of Federal Candidate
Mr. Christopher Brian McDaniel Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
219540.00

Date of Public Distribution/Dissemination
01 / 31 / 2014
Amount
219540.00
Transaction ID : SE.4111
Date of Disbursement or Obligation
01 / 30 / 2014
Office Sought:
House Senate
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 221740.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (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.

Signature: Mr. Brian Perry [Electronically Filed] Date: 05 / 12 / 2014

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

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

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 21 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">30604.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4131</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 20 / 2014
Purpose of Expenditure Radio Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">252344.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 26 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">19212.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4139</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 25 / 2014
Purpose of Expenditure Radio Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">271556.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">49816.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

Signature \_\_\_\_\_

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

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

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 26 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">70182.00</span>
City Dallas State TX Zip Code 75226	<b>Transaction ID : SE.4142</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 26 / 2014
Purpose of Expenditure TV & Cable Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">341738.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 10 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">30100.52</span>
City Dallas State TX Zip Code 75226	<b>Transaction ID : SE.4146</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 06 / 2014
Purpose of Expenditure Radio ad	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">371838.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">100282.52</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2014

Signature \_\_\_\_\_

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

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

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">58355.00</span>
City Dallas State TX Zip Code 75226	<b>Transaction ID : SE.4176</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 14 / 2014
Purpose of Expenditure Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">440193.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 19 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">25099.00</span>
City Dallas State TX Zip Code 75226	<b>Transaction ID : SE.4180</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2014
Purpose of Expenditure Cable Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">465292.52</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">83454.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2014

Signature \_\_\_\_\_

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

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

Full Name of Payee <b>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 28 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">110114.00</span>
City State Zip Code Dallas TX 75226	<b>Transaction ID : SE.4219</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 28 / 2014
Purpose of Expenditure Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">580210.23</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>United States Postal Service</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 20 / 2014
Mailing Address 401 E South St	Amount <span style="border: 1px solid black; padding: 2px;">4803.71</span>
City State Zip Code Jackson MS 39201	<b>Transaction ID : SE.4184</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 20 / 2014
Purpose of Expenditure Postage	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">470096.23</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">114917.71</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Mr. Brian Perry* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 12 / 2014

Signature \_\_\_\_\_

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

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

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 10 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City Alexandria      State AL      Zip Code 36250	<b>Transaction ID : SE.4149</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 06 / 2014
Purpose of Expenditure Mail      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate Mr. Christopher Brian McDaniel <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">381838.52</span>	Office Sought: <input type="checkbox"/> House      District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>MS</u>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Winning Edge</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 29 / 2014
Mailing Address PO Box 269	Amount <span style="border: 1px solid black; padding: 2px;">11420.41</span>
City Alexandria      State AL      Zip Code 36250	<b>Transaction ID : SE.4220</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 28 / 2014
Purpose of Expenditure Mail      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate Mr. Christopher Brian McDaniel <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">591630.64</span>	Office Sought: <input type="checkbox"/> House      District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>MS</u>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">21420.41</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">591630.64</span>

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

*Mr. Brian Perry*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y  
05 / 12 / 2014

Signature \_\_\_\_\_