

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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29662.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="164150.00"/>	<input type="text" value="882143.00"/>
(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="193812.85"/>	<input type="text" value="882143.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61212.83"/>	<input type="text" value="749542.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="132600.02"/>	<input type="text" value="132600.02"/>
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="220150.00"/>	

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: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 14 / 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).....	164050.00	625950.00
(ii) Unitemized	100.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	164150.00	626250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5693.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	164150.00	631943.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	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.).....	0.00	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))..... ▶	164150.00	882143.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	164150.00	882143.00

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	20560.00	97259.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20560.00	97259.51
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)	30652.83	622283.47
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	10000.00	30000.00
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)) ..	61212.83	749542.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61212.83	749542.98

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)	164150.00	631943.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	164150.00	631943.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20560.00	97259.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20560.00	97259.51

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 6 OF 16
	<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

A. Mr. Harold Clarke
Full Name (Last, First, Middle Initial)

Mailing Address 501 Academy Road

City Starkville State MS Zip Code 39759

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

Name of Employer CC Clark Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 01 / 2014
Transaction ID : SA11AI.4302

Amount of Each Receipt this Period 250.00

Contribution

B. Mr. Charles Feltus
Full Name (Last, First, Middle Initial)

Mailing Address 22 Hawthorne Place

City Natchez State MS Zip Code 39120

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 ▼ 2000.00

Date of Receipt 04 / 01 / 2014
Transaction ID : SA11AI.4301

Amount of Each Receipt this Period 2000.00

Contribution

C. Mr. Sam Haskell
Full Name (Last, First, Middle Initial)

Mailing Address 415 Park Dr

City Oxford State MS Zip Code 38655

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

Name of Employer William Morris Agency Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 11 / 2014
Transaction ID : SA11AI.4304

Amount of Each Receipt this Period 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 16
(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. Mr. Chris Henick

Mailing Address 4201 Yuma St. NW

City Washington State DC Zip Code 20001

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
B. ISO Panels, Inc.

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 ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
7500.00

Contribution

Full Name (Last, First, Middle Initial)
C. Magnolia Marine Transport

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
10000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 17750.00

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 16
	(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

Full Name (Last, First, Middle Initial) A. Mr. Michael McNitt		Date of Receipt MM / DD / YYYY 04 / 17 / 2014
Mailing Address 9429 SW 47th Lane		Transaction ID : SA11AI.4305
City Gainesville	State FL	Zip Code 32608
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Cabrillo Coastal	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. W.D. Mounger		Date of Receipt MM / DD / YYYY 04 / 11 / 2014
Mailing Address 4450 Old Canton Rd. Ste. 203		Transaction ID : SA11AI.4292
City Jackson	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25000.00	
Name of Employer Self-Employed	Occupation Oil & Gas Investor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) C. Hon. John Palmer		Date of Receipt MM / DD / YYYY 04 / 01 / 2014
Mailing Address PO Box 3747		Transaction ID : SA11AI.4303
City Jackson	State MS	Zip Code 39225
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer Self-Employed	Occupation Investor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	35300.00
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 16
(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. Paragon Technical Services

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 ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
7500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Cindy Phillips

Mailing Address 372 Sundial Rd

City Madison State MS Zip Code 39110

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
C. U.S. Chamber of Commerce

Mailing Address 1615 H Street NW

City Washington State DC Zip Code 20062

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.4312

Amount of Each Receipt this Period
100000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	107750.00
TOTAL This Period (last page this line number only).....▶	164050.00

**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. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City Jackson State MS Zip Code 39225

Purpose of Disbursement
Political Strategy Consulting

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
04 / 03 / 2014

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

1500.00

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
Political Strategy Consulting

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
05 / 06 / 2014

Transaction ID : SB21B.4291

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Hynes Communications

Mailing Address 121 Bow Street

City Portsmouth State ME Zip Code 03801

Purpose of Disbursement
Social Media Consulting

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
04 / 17 / 2014

Transaction ID : SB21B.4286

Amount of Each Disbursement this Period

10000.00

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

13000.00

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. Hynes Communications

Mailing Address 121 Bow Street

City Portsmouth State ME Zip Code 03801

Purpose of Disbursement
Social Media Consulting

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
05 / 12 / 2014

Transaction ID : **SB21B.4324**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. 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
04 / 21 / 2014

Transaction ID : **SB21B.4290**

Amount of Each Disbursement this Period

2500.00

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

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
04 / 01 / 2014

Transaction ID : **SB21B.4326**

Amount of Each Disbursement this Period

20.00

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

7520.00

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

M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SB21B.4239

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 / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SB21B.4325

Amount of Each Disbursement this Period

20.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

40.00

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

20560.00

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 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

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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
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 : **SB26.4289**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

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

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	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	30000.00	220150.00

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"/>

SUBTOTALS This Period This Page (optional).....▶	220150.00
TOTALS This Period (last page in this line only).....▶	220150.00

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

SCHEDULE 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	

Full Name of Payee United States Postal Service	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 401 E South St	Amount 1405.25
City State Zip Code Jackson MS 39201	Transaction ID : SE.4224 Date of Disbursement or Obligation M M / D D / Y Y Y Y 04 / 02 / 2014
Purpose of Expenditure Postage	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 <input type="checkbox"/> President <input type="checkbox"/> General State: MS
Calendar Year-To-Date Per Election for Office Sought 593035.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Winning Edge	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 269	Amount 7268.00
City State Zip Code Alexandria AL 36250	Transaction ID : SE.4270 Date of Disbursement or Obligation M M / D D / Y Y Y Y 05 / 01 / 2014
Purpose of Expenditure Mail piece	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 <input type="checkbox"/> President <input type="checkbox"/> General State: MS
Calendar Year-To-Date Per Election for Office Sought 600303.89	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8673.25
(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
05 / 21 / 2014

Signature

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

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00554774 </div>
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	

Full Name of Payee Winning Edge	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 05 / 07 / 2014 </div>
Mailing Address PO Box 269	Amount <div style="border: 1px solid black; padding: 2px;"> 21979.58 </div>
City State Zip Code Alexandria AL 36250	Transaction ID : SE.4275 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 05 / 06 / 2014 </div>
Purpose of Expenditure Mail Piece	Category/Type 004
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	<div style="border: 1px solid black; padding: 2px;"> 622283.47 </div>
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 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px;"> _____ </div>
City State Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>
Purpose of Expenditure	Category/Type _____
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> _____ </div>
Office Sought:	<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 21979.58 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 30652.83 </div>

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 MM / DD / YYYY
05 / 21 / 2014