

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mr. Brian Perry

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Mississippi Conservatives

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="717993.00"/>	<input type="text" value="717993.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="717993.00"/>	<input type="text" value="717993.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="688330.15"/>	<input type="text" value="688330.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29662.85"/>	<input type="text" value="29662.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="230150.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Mississippi Conservatives

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	461900.00	461900.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	462100.00	462100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5693.00	5693.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	467793.00	467793.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	250150.00	250150.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	50.00	50.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	717993.00	717993.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	717993.00	717993.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76699.51	76699.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76699.51	76699.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	591630.64	591630.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	20000.00	20000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	688330.15	688330.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	688330.15	688330.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	467793.00	467793.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	467793.00	467793.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76699.51	76699.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76699.51	76699.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Mississippi Conservatives

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 8 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

Full Name (Last, First, Middle Initial) A. James Creekmore		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 Transaction ID : SA11AI.4211
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. Wade Creekmore		Date of Receipt MM / DD / YYYY 03 / 06 / 2014 Transaction ID : SA11AI.4212
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) C. Crest Investment Company		Date of Receipt MM / DD / YYYY 03 / 27 / 2014 Transaction ID : SA11AI.4269
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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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
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
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
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"/> 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) A. Mr. Tony Feather		Date of Receipt
Mailing Address 2720 Tanglewood Dr.		M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014
City	State	Zip Code
Jefferson City	MO	65109
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
FLS Connect	Partner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00	
		Transaction ID : SA11AI.4202
		Amount of Each Receipt this Period
		5000.00
		Contribution

Full Name (Last, First, Middle Initial) B. Mr. Howard Leach		Date of Receipt
Mailing Address 399 Park Avenue		M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014
City	State	Zip Code
New York	NY	10022
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Leach Capital LLC	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	25000.00	
		Transaction ID : SA11AI.4263
		Amount of Each Receipt this Period
		25000.00
		Contribution

Full Name (Last, First, Middle Initial) C. Mr. Hal Miller III		Date of Receipt
Mailing Address PO Box 1123		M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2014
City	State	Zip Code
Jackson	MS	39215
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Miller Transporters Inc.	Executive VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	
		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"/> 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) A. Mr. Larry Mizel		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : SA11AI.4264
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. Mr. W.D. Mounger		Date of Receipt MM / DD / YYYY 01 / 27 / 2014 Transaction ID : SA11AI.4167
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) C. Mike Retzer		Date of Receipt MM / DD / YYYY 02 / 12 / 2014 Transaction ID : SA11AI.4174
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	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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
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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
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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

SUBTOTAL of Receipts This Page (optional).....	28500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 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. Joe Sanderson
Full Name (Last, First, Middle Initial)

Mailing Address PO Bo 988

City Laurel State MS Zip Code 39441

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

Name of Employer Sanderson Farms Occupation Chairman and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D 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) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D 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) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
25000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 126500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Mississippi Conservatives

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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
 / /
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
 / /
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
 / /

Amount of Each Receipt this Period

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

/ /

Transaction ID : SB21B.4257

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.4254

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.4242

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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

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 : SB21B.4251

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
Wire Transfer fee

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 : SB21B.4231

Amount of Each Disbursement this Period

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

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 : SB21B.4232

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
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 / 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

MM / DD / YYYY
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

MM / DD / YYYY
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

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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

009

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 / 04 / 2014

Transaction ID : SB26.4244

Amount of Each Disbursement this Period

10000.00

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
Loan Payment

009

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 / 17 / 2014

Transaction ID : SB26.4245

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

20000.00

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

20000.00

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 250150.00	Cumulative Payment To Date 20000.00	Balance Outstanding at Close of This Period 230150.00
--------------------------------------	--	--

TERMS

Date Incurred: MM / DD / YYYY (01 / 29 / 2014) Date Due: MM / DD / YYYY (06/03/14) Interest Rate: 2.86 % (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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	230150.00
TOTALS 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) Mississippi Conservatives		Transaction ID : SC/10.4227.SC1	FEC IDENTIFICATION NUMBER C C00554774
LENDING INSTITUTION (LENDER) Full Name Trustmark Bank		Amount of Loan 250150.00	Interest Rate (APR) 2.86 %
Mailing Address 190 E Capitol St.		Date Incurred or Established 01 / 29 / 2014	
City Jackson	State MS	Zip Code 39201	Date Due 06/03/14
Back Ref SC/10.4227			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Certificate of Deposit</u>		What is the value of this collateral? 250000.00 Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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). Date account established: _____		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Mr. Brian Perry Signature _____		DATE 05 / 17 / 2014	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Mr. Harry Walker Signature Mr. Harry Walker		DATE 01 / 29 / 2014	
Title President			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee JacksonJambalaya.com	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 10 / 2014
Mailing Address 5106 Old Caton Road	Amount 2200.00
City Jackson State MS Zip Code 39211	Transaction ID : SE.4121 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 10 / 2014
Purpose of Expenditure Blog advertisement	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 221740.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Scott Howell & Company	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 3900 Willow St. Suite 200	Amount 219540.00
City Dallas State TX Zip Code 75226	Transaction ID : SE.4111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 30 / 2014
Purpose of Expenditure Media Buy	Category/Type 004
Name of Federal Candidate Mr. Christopher Brian McDaniel	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 219540.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	221740.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

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

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100282.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

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

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83454.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

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

Full Name of Payee United States Postal Service	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 20 / 2014
Mailing Address 401 E South St	Amount 4803.71
City State Zip Code Jackson MS 39201	Transaction ID : SE.4184 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 20 / 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 District: _____ <input type="checkbox"/> President State: MS
Calendar Year-To-Date Per Election for Office Sought 470096.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	114917.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 17 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼ C C00554774
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

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

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

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

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Mr. Brian Perry [Electronically Filed] Date M M / D D / Y Y Y Y
05 / 17 / 2014

Signature