

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Committee United Conservatives Fund
Address PO Box 4164, Laurel, MS 39441 County Jones
Telephone 601-323-0635 Fax _____
Treasurer Richard Conrad Email Address conradrichard@msn.com

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All Political Committees, excluding those which supported or opposed a judicial candidate on the November 2016 General Election ballot.

____ Termination Report (Committee will no longer accept contributions or make expenditures, has no outstanding debt obligation and zero cash on hand balance)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory even if no contributions or expenditures have occurred during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.
- (2) Until a political committee files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a legal holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,567.73 + \$ 1690.00	\$ 9,257.73	\$ 9,257.73
Total amount of disbursements	\$ 11,091.73 + \$ 572.64	\$ 11,664.37	\$ 11,664.37
Total amount of cash on hand		\$ 3,558.61	

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

Richard Conrad
Signature of Director or Treasurer

1/21/17
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.

Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jack Armstrong</u>	<u>01</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>1932 Hwy. 588</u>	<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u>03</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Self-employed</u>	<u>04</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Auctioneer</u>	Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jack Armstrong</u>	<u>05</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>1932 Hwy. 588</u>	<u>06</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u>07</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Self-employed</u>	<u>08</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Auctioneer</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jack Armstrong</u>	<u>09</u> / <u>28</u> / <u>15</u>	\$ <u>25.00</u>
Mailing Address <u>1932 Hwy. 588</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-employed</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>225.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Sandra Barnett</u>	<u>01</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>55 Shady Grove Moss Road</u>	<u>02</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Laurel, MS 39443</u>	<u>03</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>	<u>04</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Sandra Barnett		<u>05</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address 55 Shady Grove Moss Road		<u>06</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code Laurel, MS 39443		<u>07</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) Retired		<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) Retired		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Sandra Barnett		<u>09</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address 55 Shady Grove Moss Road		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Laurel, MS 39443		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired		Aggregate year-to-date	\$ <u>225.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Michael L Bostic		<u>01</u> / <u>03</u> / <u>16</u>	\$ <u>100.00</u>
Mailing Address 111 Wisteria Hill Drive		<u>05</u> / <u>03</u> / <u>16</u>	\$ <u>100.00</u>
City, State, Zip Code Flowood, MS 39232		<u>06</u> / <u>03</u> / <u>16</u>	\$ <u>100.00</u>
Name of Employer (Required) Retired		<u>07</u> / <u>05</u> / <u>16</u>	\$ <u>100.00</u>
Occupation (Required) Retired		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Michael L Bostic		<u>08</u> / <u>05</u> / <u>16</u>	\$ <u>100.00</u>
Mailing Address 111 Wisteria Hill Drive		<u>09</u> / <u>03</u> / <u>16</u>	\$ <u>100.00</u>
City, State, Zip Code Flowood, MS 39232		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Retired		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Retired		Aggregate year-to-date	\$ <u>600.00</u>

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Paul Buisson</u>		<u>01</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>112 Cannon Ridge Drive</u>		<u>02</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>BRANDON, MS 39042</u>		<u>03</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Self-employed</u>		<u>04</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Internet Media Consultant</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Paul Buisson</u>		<u>05</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>112 Cannon Ridge Drive</u>		<u>06</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>BRANDON, MS 39042</u>		<u>07</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Self-employed</u>		<u>08</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Internet Media Consultant</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Paul Buisson</u>		<u>09</u> / <u>12</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>112 Cannon Ridge Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>BRANDON, MS 39042</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Internet Media Consultant</u>		Aggregate year-to-date	\$ <u>225.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Richard Conrad</u>		<u>01</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>735 N 7th Avenue</u>		<u>02</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Laurel, MS 39440</u>		<u>03</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Sanderson Farms, Inc.</u>		<u>04</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Auditor</u>		Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Richard Conrad	05 / 28 / 16	\$ 25.00
Mailing Address 735 N 7th Avenue	06 / 28 / 16	\$ 25.00
City, State, Zip Code Laurel, MS 39440	07 / 28 / 16	\$ 25.00
Name of Employer (Required) Sanderson Farms, Inc.	08 / 29 / 16	\$ 25.00
Occupation (Required) Auditor	Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Richard Conrad	09 / 28 / 16	\$ 25.00
Mailing Address 735 N 7th Avenue	11 / 17 / 16	\$ 25.00
City, State, Zip Code Laurel, MS 39440	12 / 17 / 16	\$ 25.00
Name of Employer (Required) Sanderson Farms, Inc.	/ /	\$
Occupation (Required) Auditor	Aggregate year-to-date	\$ 275.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Gerard R Gibert	01 / 28 / 16	\$ 75.00
Mailing Address 146 Woodmont Way	02 / 28 / 16	\$ 75.00
City, State, Zip Code Ridgeland, MS 39157	03 / 28 / 16	\$ 75.00
Name of Employer (Required) Venture Technologies, Inc.	04 / 28 / 16	\$ 75.00
Occupation (Required) CEO	Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Gerard R Gibert	06 / 28 / 16	\$ 75.00
Mailing Address 146 Woodmont Way	07 / 28 / 16	\$ 75.00
City, State, Zip Code Ridgeland, MS 39157	08 / 29 / 16	\$ 75.00
Name of Employer (Required) Venture Technologies, Inc.	09 / 28 / 16	\$ 75.00
Occupation (Required) CEO	Aggregate year-to-date	\$ 600.00

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mary Herring</u>	<u>01</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>2425 Robbie Lee Road</u>	<u>02</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Nesbit, MS 38651</u>	<u>03</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>	<u>04</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mary Herring</u>	<u>05</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>2425 Robbie Lee Road</u>	<u>06</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Nesbit, MS 38651</u>	<u>07</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>	<u>08</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mary Herring</u>	<u>09</u> / <u>15</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>2425 Robbie Lee Road</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Nesbit, MS 38651</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>225.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Raymond Jones</u>	<u>01</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>166 Summit Ridge Drive</u>	<u>02</u> / <u>29</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>BRANDON, MS 39042</u>	<u>03</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>	<u>05</u> / <u>02</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Raymond Jones</u>	<u>06</u> / <u>02</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>166 Summit Ridge Drive</u>	<u>06</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>BRANDON, MS 39042</u>	<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>	<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Campaign</u>		
Full name <u>Raymond Jones</u>	<u>09</u> / <u>29</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>166 Summit Ridge Drive</u>	<u>10</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Brandon, MS 39042</u>	<u>11</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>275.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Fredryck Macko</u>	<u>01</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Mailing Address <u>131 WHIPPOORWILL ROAD</u>	<u>02</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
City, State, Zip Code <u>BRANDON, MS 39047</u>	<u>03</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Name of Employer (Required) <u>Macko Quality Solutions, LLC</u>	<u>04</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Occupation (Required) <u>Supplier Rep</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Fredryck Macko</u>	<u>05</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Mailing Address <u>131 WHIPPOORWILL ROAD</u>	<u>06</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
City, State, Zip Code <u>BRANDON, MS 39047</u>	<u>07</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Name of Employer (Required) <u>Macko Quality Solutions, LLC</u>	<u>08</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Occupation (Required) <u>Supplier Rep</u>	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Fredryck Macko</u>		<u>09</u> / <u>23</u> / <u>16</u>	\$ <u>50.00</u>
Mailing Address <u>131 WHIPPOORWILL ROAD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>BRANDON, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Macko Quality Solutions, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Supplier Rep</u>		Aggregate year-to-date	\$ <u>450.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Christopher B McDaniel</u>		<u>01</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>506 Court Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ellisville, MS 39437</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robbie Nichols</u>		<u>01</u> / <u>28</u> / <u>16</u>	\$ <u>50.00</u>
Mailing Address <u>105 Walthall Street</u>		<u>02</u> / <u>29</u> / <u>16</u>	\$ <u>50.00</u>
City, State, Zip Code <u>Greenwood, MS 38930</u>		<u>03</u> / <u>28</u> / <u>16</u>	\$ <u>50.00</u>
Name of Employer (Required) <u>Nichols and Associates</u>		<u>05</u> / <u>02</u> / <u>16</u>	\$ <u>50.00</u>
Occupation (Required) <u>Insurance Sales</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robbie Nichols</u>		<u>06</u> / <u>02</u> / <u>16</u>	\$ <u>50.00</u>
Mailing Address <u>105 Walthall Street</u>		<u>06</u> / <u>28</u> / <u>16</u>	\$ <u>50.00</u>
City, State, Zip Code <u>Greenwood, MS 38930</u>		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>50.00</u>
Name of Employer (Required) <u>Nichols and Associates</u>		<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>50.00</u>
Occupation (Required) <u>Insurance Sales</u>		Aggregate year-to-date	\$ <u>400.00</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robbie Nichols</u>		<u>09</u> / <u>29</u> / <u>16</u>	\$ <u>50.00</u>
Mailing Address <u>105 Walthall Street</u>		<u>10</u> / <u>28</u> / <u>16</u>	\$ <u>50.00</u>
City, State, Zip Code <u>Greenwood, MS 38930</u>		<u>11</u> / <u>28</u> / <u>16</u>	\$ <u>50.00</u>
Name of Employer (Required) <u>Nichols and Associates</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Insurance Sales</u>		Aggregate year-to-date	\$ <u>550.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>NOVA List Company</u>		<u>01</u> / <u>11</u> / <u>16</u>	\$ <u>817.73</u>
Mailing Address <u>20130 Lakeview Center Plaza, Suite 300</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ashburn, VA 20147</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>817.73</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Susan Perkins</u>		<u>01</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>2631 Hwy 29</u>		<u>02</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Laurel, MS 39443</u>		<u>03</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>		<u>04</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>100.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Susan Perkins</u>		<u>05</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>2631 Hwy 29</u>		<u>06</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Laurel, MS 39443</u>		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>Retired</u>		<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>200.00</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Susan Perkins</u>		<u>09</u> / <u>23</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>2631 Hwy 29</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Laurel, MS 39443</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>225.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Joe Sansing</u>		<u>01</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>10878 Weshierner PMB 104</u>		<u>02</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Houston, TX 77042</u>		<u>03</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>AVEVA Inc.</u>		<u>04</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Accountant</u>		Aggregate year-to-date	\$ <u>100.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Joe Sansing</u>		<u>05</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>10878 Weshierner PMB 104</u>		<u>06</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Houston, TX 77042</u>		<u>07</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
Name of Employer (Required) <u>AVEVA Inc.</u>		<u>08</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
Occupation (Required) <u>Accountant</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Joe Sansing</u>		<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>25.00</u>
Mailing Address <u>10878 Weshierner PMB 104</u>		<u>09</u> / <u>20</u> / <u>16</u>	\$ <u>25.00</u>
City, State, Zip Code <u>Houston, TX 77042</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>AVEVA Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Accountant</u>		Aggregate year-to-date	\$ <u>250.00</u>

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Bonnie Schaneman	02 / 01 / 16	\$ 100.00
Mailing Address 2542 East C Street	02 / 29 / 16	\$ 100.00
City, State, Zip Code Torrington, WY 82240	03 / 23 / 16	\$ 100.00
Name of Employer (Required) Retired	04 / 29 / 16	\$ 100.00
Occupation (Required) Retired	Aggregate year-to-date	\$ 400.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Bonnie Schaneman	05 / 27 / 16	\$ 100.00
Mailing Address 2542 East C Street	16 / 24 / 16	\$ 100.00
City, State, Zip Code Torrington, WY 82240	07 / 27 / 16	\$ 100.00
Name of Employer (Required) Retired	/ /	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 700.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Catherine Tucker	01 / 23 / 16	\$ 25.00
Mailing Address 40 Nancy Lane	02 / 23 / 16	\$ 25.00
City, State, Zip Code Lumberton, MS 39455	03 / 23 / 16	\$ 25.00
Name of Employer (Required) Self-employed	04 / 23 / 16	\$ 25.00
Occupation (Required) Self-employed	Aggregate year-to-date	\$ 100.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Catherine Tucker	05 / 23 / 16	\$ 25.00
Mailing Address 40 Nancy Lane	06 / 23 / 16	\$ 25.00
City, State, Zip Code Lumberton, MS 39455	07 / 23 / 16	\$ 25.00
Name of Employer (Required) Self-employed	08 / 23 / 16	\$ 25.00
Occupation (Required) Self-employed	Aggregate year-to-date	\$ 200.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Catherine Tucker		09 / 23 / 16	\$ 25.00
Mailing Address 40 Nancy Lane		/ /	\$
City, State, Zip Code Lumberton, MS 39455		/ /	\$
Name of Employer (Required) Self-employed		/ /	\$
Occupation (Required) Self-employed		Aggregate year-to-date	\$ 225.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Robert Turnage		12 / 23 / 16	\$ 1000.00
Mailing Address PO Box 200		/ /	\$
City, State, Zip Code New Hebron, MS 39140		/ /	\$
Name of Employer (Required) RETIRED		/ /	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 1,000.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Patrick Turner		01 / 02 / 16	\$ 25.00
Mailing Address 5 Turner Road		02 / 02 / 16	\$ 25.00
City, State, Zip Code Fulton, MS 38843		03 / 02 / 16	\$ 25.00
Name of Employer (Required) Self-employed		04 / 02 / 16	\$ 25.00
Occupation (Required) Farmer/Retired		Aggregate year-to-date	\$ 100.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Patrick Turner		05 / 02 / 16	\$ 25.00
Mailing Address 5 Turner Road		06 / 02 / 16	\$ 25.00
City, State, Zip Code Fulton, MS 38843		07 / 05 / 16	\$ 25.00
Name of Employer (Required) Retired		08 / 02 / 16	\$ 25.00
Occupation (Required) Farmer/Retired		Aggregate year-to-date	\$ 200.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Patrick Turner	09 / 01 / 16	\$ 25.00
Mailing Address 5 Turner Road	/ /	\$
City, State, Zip Code Fulton, MS 38843	/ /	\$
Name of Employer (Required) Retired	/ /	\$
Occupation (Required) Farmer/Retired	Aggregate year-to-date	\$ 225.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name James White	01 / 07 / 16	\$ 25.00
Mailing Address 32 CR 24143	02 / 07 / 16	\$ 25.00
City, State, Zip Code Newton, MS 39345	03 / 07 / 16	\$ 25.00
Name of Employer (Required) Retired	04 / 07 / 16	\$ 25.00
Occupation (Required) Retired	Aggregate year-to-date	\$ 100.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name James White	05 / 07 / 16	\$ 25.00
Mailing Address 32 CR 24143	06 / 07 / 16	\$ 25.00
City, State, Zip Code Newton, MS 39345	07 / 07 / 16	\$ 25.00
Name of Employer (Required) RETIRED	08 / 07 / 16	\$ 25.00
Occupation (Required) Retired	Aggregate year-to-date	\$ 200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name James White	09 / 07 / 16	\$ 25.00
Mailing Address 32 CR 24143	/ /	\$
City, State, Zip Code Newton, MS 39345	/ /	\$
Name of Employer (Required) Retired	/ /	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 225.00

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ITEMIZED DISBURSEMENTS

A. Full name Amerigo's/Char	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6592 Old Canton Road	05 / 19 / 16	\$ 1,536.55
City, State, Zip Code Ridgeland, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Catering of Event at Villages of Northpointe	Aggregate Year-to-date	\$ 1,536.55
B. Full name Campaign Headquarters	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 109 West Front Street	10 / 19 / 16	\$ 251.00
City, State, Zip Code Brooklyn, IA 52211	10 / 25 / 16	\$ 320.88
Purpose of Disbursement (Optional) Phone Data Services - Tests	Aggregate Year-to-date	\$ 571.88
C. Full name Campaign Sidekick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1550 Old Annetta Road	05 / 26 / 16	\$ 1,200.00
City, State, Zip Code Aledo, TX 76008	06 / 05 / 16	\$ 599.00
Purpose of Disbursement (Optional) Voter Data Information	Aggregate Year-to-date	\$ 1,799.00
D. Full name Campaign Sidekick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1550 Old Annetta Road	07 / 05 / 16	\$ 599.00
City, State, Zip Code Aledo, TX 76008	08 / 02 / 16	\$ 599.00
Purpose of Disbursement (Optional) Voter Data Information	Aggregate Year-to-date	\$ 2,997.00
E. Full name Campaign Sidekick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1550 Old Annetta Road	09 / 02 / 16	\$ 599.00
City, State, Zip Code Aledo, TX 76008	11 / 03 / 16	\$ 149.75
Purpose of Disbursement (Optional) Voter Data Information	Aggregate Year-to-date	\$ 3,745.75
F. Full name Campaign Sidekick	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1550 Old Annetta Road	11 / 04 / 16	\$ 449.25
City, State, Zip Code Aledo, TX 76008	12 / 02 / 16	\$ 599.00
Purpose of Disbursement (Optional) Voter Data Information	Aggregate Year-to-date	\$ 4,794.00

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ITEMIZED DISBURSEMENTS

A. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	01 / 25 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	02 / 21 / 16	\$ 37.45
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 74.90
B. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	02 / 26 / 16	\$ 128.40
City, State, Zip Code Laurel, MS 39441	02 / 26 / 16	\$ 160.50
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 363.80
C. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	03 / 24 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	04 / 25 / 16	\$ 37.45
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 438.70
D. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	05 / 19 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	06 / 20 / 16	\$ 37.45
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 513.60
E. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	07 / 27 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	08 / 22 / 16	\$ 37.45
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 588.50
F. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	09 / 27 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	10 / 24 / 16	\$ 37.45
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 663.40

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ITEMIZED DISBURSEMENTS

A. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	11 / 20 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	12 / 07 / 16	\$ 26.75
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 727.60
B. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	12 / 12 / 16	\$ 176.55
City, State, Zip Code Laurel, MS 39441	12 / 19 / 16	\$ 235.40
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 1,139.55
C. Full name Creative Computer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6648	12 / 27 / 16	\$ 37.45
City, State, Zip Code Laurel, MS 39441	12 / 27 / 16	\$ 58.85
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 1,235.85
D. Full name Holiday Inn @ Trustmark Park	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 110 Bass Pro Drive	10 / 24 / 16	\$ 267.50
City, State, Zip Code Pearl, MS 39208	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Venue for Board Meeting	Aggregate Year-to-date	\$ 267.50
E. Full name Melanie Sojourner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 48 Kingston Road	05 / 26 / 16	\$ 500.00
City, State, Zip Code Natchez, MS 39120	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Reimbursement for Travel Expenses	Aggregate Year-to-date	\$ 500.00
F. Full name Richard Burke	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5 Ouachita Street	08 / 28 / 16	\$ 500.00
City, State, Zip Code Natchez, MS 39120	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Time for Data Entry	Aggregate Year-to-date	\$ 500.00

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ITEMIZED DISBURSEMENTS

A. Full name Richard Conrad	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 735 N 7th Avenue	10 / 04 / 16	\$ 599.00
City, State, Zip Code Laurel, MS 39440	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Reimbursement for Paying Campaign Sidekick October Fee	Aggregate Year-to-date	\$ 599.00
B. Full name Transaxt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	01 / 31 / 16	\$ 47.75
City, State, Zip Code Grand Rapids, MI 49503	02 / 29 / 16	\$ 39.01
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 86.76
C. Full name Transaxt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	03 / 31 / 16	\$ 21.25
City, State, Zip Code Grand Rapids, MI 49503	04 / 30 / 16	\$ 21.27
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 129.28
D. Full name Transaxt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	05 / 30 / 16	\$ 28.77
City, State, Zip Code Grand Rapids, MI 49503	06 / 30 / 16	\$ 25.04
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 183.09
E. Full name Transaxt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	07 / 31 / 16	\$ 33.77
City, State, Zip Code Grand Rapids, MI 49503	08 / 31 / 16	\$ 17.51
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 234.37
F. Full name Transaxt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	09 / 30 / 16	\$ 22.51
City, State, Zip Code Grand Rapids, MI 49503	10 / 31 / 16	\$ 17.51
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 274.39

Name of Candidate or Committee United Conservatives FundReporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Transaxt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	11 / 30 / 16	\$ 5.00
City, State, Zip Code Grand Rapids, MI 49503	12 / 31 / 16	\$ 57.56
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 336.95
B. Full name Villages of Northpointe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 201 Northpointe Parkway	05 / 11 / 16	\$ 750.00
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Venue Rental	Aggregate Year-to-date	\$ 750.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$