2016 ELECTION CYCLE

Political Committee REPORT OF RECEIPTS AND DISBURSEMEN

Delbert Hosemann

2016 Annual Report **ELECTIONS DIVISION** SECRETARY OF STATE Email Address COTTO **Treasurer** Check here if above is different from previous report All Political Committees, excluding those which supported or opposed a judicial candidate on the November 2016 General Election ballot. Required to terminate reporting Termination Report (Committee will no longer accept contributions or make obligations expenditures, has no outstanding debt obligation and zero cash on hand balance)

IMPORTANT

- 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.
- 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).
- 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 Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions Total amount of disbursements \$ Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seg. 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.

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Page	1	of	12

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

A. Source: Corporation PAC Individual V Loan	Doto	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	01 / 15 / 16	
Jack Armstrong	01 / 15 / 16	\$ 25.00
Mailing Address	[02 1 IE 1 IE	
1932 Hwy. 588	02 / 15 / 16	\$ 25.00
City, State, Zip Code		
Ellisville, MS 39437	03 / 15 / 16	\$ 25.00
Name of Employer (Required)		
Self-employed	04 / 15 / 16	\$ 25.00
Occupation (Required)	Aggregate	_ p
Auctioneer	year-to-date	\$ 100.00
B. Source: Corporation PAC Individual V Loan		Amount of each
Land Land	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	[OE , [3E , [3E	A [
Jack Armstrong	05 / 15 / 16	\$ 25.00
Mailing Address		
1932 Hwy. 588	06 / 15 / 16	\$ 25.00
City, State, Zip Code		
	07 / 15 / 16	\$ 25.00
Ellisville, MS 39437	parametric parametric parametric	
Name of Employer (Required) Self-employed	08 / 15 / 16	\$ 25.00
Occupation (Required)	Aggregate	
Auctioneer	year–to-date	\$ 200.00
C. Source Corporation PAC Individual V Loan		Amount of each
o. out of the first of the firs	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Jack Armstrong	09 / 28 / 15	\$ 25.00
Mailing Address		
1932 Hwy, 588		\$
City, State, Zip Code		
Ellisville, MS 39437		\$
Name of Employer (Required)		
Self-employed	<u> </u>	\$
Occupation (Required)	Aggregate	4
Retired	year–to-date	\$ 225.00
D. Source: Corporation PAC Individual V Loan	5-4-	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	01 / 23 / 16	e [
Sandra Barnett	101 / 123 / 110	\$ 25.00
Mailing Address	02 / 23 / 16	\$ 25.00
55 Shady Grove Moss Road		\$ 25.00
City, State, Zip Code	03 / 23 / 16	\$ 25.00
Laurel, MS 39443		▼ [25.00
Name of Employer (Required)	04 / 23 / 16	\$ 25.00
Retired		
Occupation (Required)	Aggregate	\$ 100.00
Retired	yearto-date	1100.00

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

A. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)	Southern Business, recommendation	this period
Sandra Barnett	05 / 23 / 16	\$ 25.00
Mailing Address	parameter production products	
55 Shady Grove Moss Road	06 / 23 / 16	\$ 25.00
City, State, Zip Code	garagus, garagus, garagus,	Commence of the contract of th
Laurel, MS 39443	07 / 23 / 16	\$ 25.00
Name of Employer (Required)		
Retired	08 / 29 / 16	\$ 25.00
Occupation (Required)	Aggregate	
Retired	year-to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	09 / 23 / 16	¢
Sandra Barnett	105 / 125 / 110	\$ 25.00
Mailing Address		¢
55 Shady Grove Moss Road		\$
City, State, Zip Code		* ************************************
Laurel, MS 39443		\$
Name of Employer (Required)		\$ [
Retired	Andrew Commence Constitution	<u> </u>
Occupation (Required)	Aggregate	\$ 225.00
Retired	yearto-date	Communication and a second
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16	receipt this period \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive	Date (Mo., Day, Year)	receipt this period \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required)	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16	receipt this period \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required)	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date	receipt this period \$ 100.00 \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year) 08 / 05 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 Amount of each receipt this period \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year) 08 / 05 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year) 08 / 05 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 Amount of each receipt this period \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year) 08 / 05 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00 Amount of each receipt this period \$ 100.00 \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required)	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year) 08 / 05 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00 Amount of each receipt this period \$ 100.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Michael L Bostic Mailing Address 111 Wisteria Hill Drive City, State, Zip Code Flowood, MS 39232	Date (Mo., Day, Year) 01 / 03 / 16 05 / 03 / 16 06 / 03 / 16 07 / 05 / 16 Aggregate year-to-date Date (Mo., Day, Year) 08 / 05 / 16	receipt this period \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 400.00 Amount of each receipt this period \$ 100.00 \$ 100.00 \$ 100.00

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		uns periou
Paul Buisson	01 / 12 / 16	\$ 25.00
Mailing Address		
112 Cannon Ridge Drive	02 / 12 / 16	\$ 25.00
City, State, Zip Code		
	03 / 12 / 16	\$ 25.00
BRANDON, MS 39042		X
Name of Employer (Required) Self-employed	04 / 12 / 16	\$ 25.00
Occupation (Required)	Aggregate	
Internet Media Consultant	year-to-date	\$ 100.00
B. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	05 / 12 / 16	\$ 25.00
Paul Buisson		Ψ J25.00
Mailing Address	06 / 12 / 16	\$ 25.00
112 Cannon Ridge Drive	<u> 1123 1101</u>	Ψ 125.00
City, State, Zip Code	07 / 12 / 16	¢ [
BRANDON, MS 39042	107 / 112 / 110	\$ 25.00
Name of Employer (Required)	08 / 12 / 16	\$ 25.00
Self-employed	100; / 112; / 110;	\$ 25.00
Occupation (Required)	Aggregate	\$ 200,00
Internet Media Consultant	year–to-date	¥ 200,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Toront Investor Inves		receipt
Other (please specify) Full name Paul Buisson	(Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Paul Buisson Mailing Address	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required)	(Mo., Day, Year) 09	receipt this period \$ 25,00 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09	receipt this period \$ 25,00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09	receipt this period \$ 25,00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09	receipt this period \$ 25,00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Richard Conrad	(Mo., Day, Year) 09	receipt this period \$ 25,00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Richard Conrad Mailing Address 735 N 7th Avenue	(Mo., Day, Year) 09	receipt this period \$ 25,00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual J. Loan Other (please specify) Full name Richard Conrad Mailing Address 735 N 7th Avenue City, State, Zip Code	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 Amount of each receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Richard Conrad Mailing Address 735 N 7th Avenue City, State, Zip Code Laurel, MS 39440	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$ 25.00 \$ 225.00 Amount of each receipt this period \$ 25.00
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Richard Conrad Mailing Address 735 N 7th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required)	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 Amount of each receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Richard Conrad Mailing Address 735 N 7th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Sanderson Farms, Inc.	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$
Other (please specify) Full name Paul Buisson Mailing Address 112 Cannon Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Self-employed Occupation (Required) Internet Media Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Richard Conrad Mailing Address 735 N 7th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required)	(Mo., Day, Year) 09	receipt this period \$ 25.00 \$

Name of Candidate or Committee	United Conservatives Fund		
Reporting period January 1, 2016	through December 31, 2016	-	

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Annual promote production	this period
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)	Aggregate	A
Auditor	year-to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 28 / 16	\$ 25.00
Richard Conrad	<u> </u>	≠ J25.00
Mailing Address	11 / 17 / 16	\$ 25.00
735 N 7th Avenue		Ψ 125.00
City, State, Zip Code	12 / 17 / 16	\$ 25.00
Laurel, MS 39440	112 / 11/ / 110	\$ 25.00
Name of Employer (Required)		\$ [
Sanderson Farms, Inc.	<u> </u>	
Occupation (Required)	Aggregate	\$ 275.00
Auditor	year–to-date	6
C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Commercial Institution		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Gerard R Gibert Mailing Address	(Mo., Day, Year) 01 / 28 / 16 02 / 28 / 16	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way	(Mo., Day, Year)	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code	(Mo., Day, Year) 01 / 28 / 16 02 / 28 / 16 03 / 28 / 16	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157	(Mo., Day, Year) 01 / 28 / 16 02 / 28 / 16	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO	(Mo., Day, Year) 01 / 28 / 16 02 / 28 / 16 03 / 28 / 16	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required)	(Mo., Day, Year) 01	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert	(Mo., Day, Year) 01	receipt this period \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period \$ 75.00 \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period \$ 75.00
City, State, Zip Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period \$ 75.00 \$ 75.00
Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Venture Technologies, Inc. Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerard R Gibert Mailing Address 146 Woodmont Way City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	(Mo., Day, Year) 01	receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00 \$ 300.00 Amount of each receipt this period \$ 75.00 \$ 75.00 \$ 75.00 \$ 75.00

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

A. Source: Corporation PAC Individual V Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Mary Herring	01 / 15 / 16	\$ 25.00
Mailing Address		
2425 Robbie Lee Road	02 / 15 / 16	\$ 25.00
City, State, Zip Code		
Nesbit, MS 38651	03 / 15 / 16	\$ 25.00
Name of Employer (Required)		
Retired	04 / 15 / 16	\$ 25.00
Occupation (Required)		
Retired	Aggregate	\$ 100.00
	year–to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	05 / 15 / 16	\$ 25.00
Mary Herring		۰ احتن
Mailing Address	06 / 15 / 16	\$ 25.00
2425 Robbie Lee Road	122 / 112 / 110	\$ 25.00
City, State, Zip Code	[67] . [53] . [53]	*
Nesbit, MS 38651	07 / 15 / 16	\$ 25.00
Name of Employer (Required)		* ************************************
Retired	08 / 15 / 16	\$ 25.00
Occupation (Required)	Aggregate	\$ 200.00
Retired	year-to-date	\$ 200.00
		l
C. Source Corporation PAC Individual V Loan	Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Mary Herring	Date	receipt
Other (please specify) Full name Mary Herring Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 25,00
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 25,00
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road	Date (Mo., Day, Year)	receipt this period \$ 25,00
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 25,00
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 25,00 \$ 5
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1	receipt this period \$ 25,00 \$ 5
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 09 / 15 / 16 1 / / / Aggregate year-to-date	receipt this period \$ 25,00 \$ \$
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones Mailing Address	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones Mailing Address 166 Summit Ridge Drive City, State, Zip Code	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ \$
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones Mailing Address 166 Summit Ridge Drive City, State, Zip Code BRANDON, MS 39042	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones Mailing Address 166 Summit Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required)	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ \$
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones Mailing Address 166 Summit Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required) Retired	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ [] \$ [] \$ [] \$ 225.00 Amount of each receipt this period \$ [25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Mary Herring Mailing Address 2425 Robbie Lee Road City, State, Zip Code Nesbit, MS 38651 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Raymond Jones Mailing Address 166 Summit Ridge Drive City, State, Zip Code BRANDON, MS 39042 Name of Employer (Required)	Date (Mo., Day, Year) 09	receipt this period \$ 25,00 \$ \$

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

A. Source: Corporation PAC Individual Loan		Amount of each
to the second temps of the	Date (Mo., Day, Year)	receipt
Other (please specify)	power.	this period
Raymond Jones	06 / 02 / 16	\$ 25.00
Mailing Address		
166 Summit Ridge Drive	06 / 28 / 16	\$ 25.00
City, State, Zip Code	<u> </u>	
BRANDON, MS 39042	07 / 28 / 16	\$ 25.00
Name of Employer (Required)	<u> </u>	\
Retired	08 / 29 / 16	\$ 25.00
Occupation (Required)	Aggregate	
Retired	year–to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan	you. to duto	Amount of each
Formal V Survey Language Control of Control	Date	receipt
Other (please specify) Campaign	(Mo., Day, Year)	this period
Full name	[60] - [60] [60]	
Raymond Jones	09 29 16	\$ 25.00
Mailing Address		
	10 / 28 / 16	\$ 25.00
166 Summit Ridge Drive		
City, State, Zip Code	11 / 28 / 16	\$ 25.00
Brandon, MS 39042	Marie Company	F
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate	
Retired	year–to-date	\$ 275.00
C. Source Corporation PAC Individual V Loan	7	Amount of each
o. Jource Joseph Later Tho Individual Louis	Date	receipt
· · · · · · · · · · · · · · · · · · ·		
Other (please specify)	(Mo., Day, Year)	this period
		this period
Full name	(Mo., Day, Year)	
Full name Fredryck Macko	01 / 23 / 16	\$ 50.00
Full name		this period
Full name Fredryck Macko Mailing Address	01 / 23 / 16	\$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code	01 / 23 / 16	\$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047	01 / 23 / 16	\$ 50.00 \$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code	01 / 23 / 16	\$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required)	01 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16	\$ 50.00 \$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required)	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date	this period \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify)	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date Date (Mo., Day, Year)	this period \$ 50.00
Full name Fredryck Macko	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date Date	this period \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fredryck Macko Mailing Address	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date (Mo., Day, Year) 05 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date Date (Mo., Day, Year) 05 / 23 / 16	this period \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date Date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required)	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date Mo., Date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16 07 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00
Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required) Macko Quality Solutions, LLC Occupation (Required) Supplier Rep D. Source: Corporation PAC Individual Loan Other (please specify) Full name Fredryck Macko Mailing Address 131 WHIPPOORWILL ROAD City, State, Zip Code BRANDON, MS 39047 Name of Employer (Required)	01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16 Aggregate year-to-date Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00

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Page	$V \perp$	ot	112

Name of Candidate or Committee	e United Conservatives Fund	
Reporting period January 1, 2016	through December 31, 2016	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 23 / 16	\$ 50.00
Fredryck Macko	Samuel 1.5.5.1	Ψ [30.00
Mailing Address		\$
131 WHIPPOORWILL ROAD	<u> </u>	Ψ
City, State, Zip Code		<u> </u>
BRANDON, MS 39047	<u> </u>	\$
Name of Employer (Required)		* L
Macko Quality Solutions, LLC		\$
Occupation (Required)	Aggregate	\$ 450.00
Supplier Rep	year–to-date	\$ 450.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(IVIO., Day, Teal)	this period
Full name	01 / 28 / 16	\$ 250.00
Christopher B McDaniel	101 / 128 / 110	\$ 250.00
Mailing Address		
506 Court Street	<u> </u>	\$ [
City, State, Zip Code		¢ [
Ellisville, MS 39437		\$
Name of Employer (Required) Law Firm		\$
Occupation (Required)	Aggregate	A p
Attorney	year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		
Other (please specify)		receipt
Other (please specify) Full name Robbie Nichols	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Robbie Nichols Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street	(Mo., Day, Year) 01 / 28 / 16 02 / 29 / 16	receipt this period \$ 50.00 \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code	(Mo., Day, Year) 01 / 28 / 16 02 / 29 / 16 03 / 28 / 16	receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930	(Mo., Day, Year) 01 / 28 / 16 02 / 29 / 16	receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required)	(Mo., Day, Year) 01	receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales	(Mo., Day, Year) 01 / 28 / 16 02 / 29 / 16 03 / 28 / 16 05 / 02 / 16	receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual / Loan	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual V Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robbie Nichols	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Robbie Nichols Mailing Address	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00 \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00 \$ 50.00
Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required) Nichols and Associates Occupation (Required) Insurance Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robbie Nichols Mailing Address 105 Walthall Street City, State, Zip Code Greenwood, MS 38930 Name of Employer (Required)	(Mo., Day, Year) 01	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 200.00 Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00

Name of Candidate or Committee	ee United Conservatives Fund		
Reporting period January 1, 2016	through December 31, 2016		

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 29 / 16	\$ 50.00
Robbie Nichols		¥ 50.00
Mailing Address	10 / 28 / 16	\$ 50.00
105 Walthall Street	110 1 120 1 110	\$ 50.00
City, State, Zip Code	111 (120 (116	A
Greenwood, MS 38930	11 / 28 / 16	\$ 50.00
Name of Employer (Required)		\$ [
Nichols and Associates	Land Land	a
Occupation (Required)	Aggregate	\$ 550.00
Insurance Sales	year–to-date	\$ 550.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	01 / 11 / 16	\$ 817.73
NOVA List Company		\$ 817.73
Mailing Address		e
20130 Lakeview Center Plaza, Suite 300		\$
City, State, Zip Code	, , , , , , , , , , , , , , , , , ,	*
Ashburn, VA 20147		\$
Name of Employer (Required)		\$
N/A	Land Land	Y [
Occupation (Required)	Aggregate	\$ 817.73
JN/A	year-to-date	313
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)		receipt
Other (please specify) Full name Susan Perkins	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Susan Perkins	(Mo., Day, Year) 01 / 23 / 16 02 / 23 / 16	receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code	(Mo., Day, Year) 01 / 23 / 16 02 / 23 / 16	receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required)	(Mo., Day, Year) 01 / 23 / 16 02 / 23 / 16 03 / 23 / 16 04 / 23 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired	(Mo., Day, Year) 01 / 23 / 16 02 / 23 / 16 03 / 23 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual / Loan	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Susan Perkins	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Susan Perkins Mailing Address 2631 Hwy 29 City, State, Zip Code Laurel, MS 39443	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 23 / 16	\$ 25.00
Susan Perkins Mailing Address		. [2307
		\$
2631 Hwy 29		And the same of th
City, State, Zip Code Laurel, MS 39443		\$
Name of Employer (Required)		Wild Control of the C
Retired		\$
Occupation (Required)	Aggregate	A
Retired	year-to-date	\$ 225.00
B. Source: Corporation PAC Individual V Loan	Date (Ma. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	01 / 20 / 16	\$ 25.00
Joe Sansing	101 120 110	\$ 25.00
Mailing Address	02 / 20 / 16	\$ 25.00
10878 Weshiemer PMB 104		\$ 25.00
City, State, Zip Code	03 / 20 / 16	\$ 25,00
Houston, TX 77042	100 / 120 / 110	\$ 25.00
Name of Employer (Required) AVEVA Inc.	04 / 20 / 16	\$ 25.00
Occupation (Required)	Aggregate	\$ 100.00
Accountant	year–to-date	\$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing		receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address	(Mo., Day, Year)	receipt this period \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104	(Mo., Day, Year)	receipt this period \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042	(Mo., Day, Year) 05 / 20 / 16 06 / 20 / 16 07 / 20 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code	(Mo., Day, Year) 05 / 20 / 16 06 / 20 / 16	receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant	(Mo., Day, Year) 05 / 20 / 16 06 / 20 / 16 07 / 20 / 16 08 / 20 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00
Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt
Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 125.00 \$ 125.00 \$ 125.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc.	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 125.00 \$ 125.00 \$ 125.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required) AVEVA Inc. Occupation (Required) Accountant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Joe Sansing Mailing Address 10878 Weshiemer PMB 104 City, State, Zip Code Houston, TX 77042 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 125.00 \$ 125.00 \$ 125.00

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

A. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	02 / 01 / 16	A
Bonnie Schaneman	102 / 101 / 110	\$ 100.00
Mailing Address	02 / 29 / 16	<u> </u>
2542 East C Street	102 1 129 1 116	\$ 100.00
City, State, Zip Code	[a] . [a] . [d]	
Torrington, WY 82240	03 / 23 / 16	\$ 100.00
Name of Employer (Required)	04 / 29 / 16	6
Retired	104 / [29] / [10]	\$ 100.00
Occupation (Required)	Aggregate	\$ 400.00
Retired	year–to-date	Ψ [400.00
B. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		tino portou
Bonnie Schaneman	05 / 27 / 16	\$ 100.00
Mailing Address		
	16 / 24 / 16	\$ 100.00
2542 East C Street City, State, Zip Code		
Torrington, WY 82240	07 27 16	\$ 100.00
Name of Employer (Required)		
Retired		\$
Occupation (Required)	Aggregate	•
Retired	year-to-date	\$ 700.00
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	01 / 23 / 16	\$ 25.00
Catherine Tucker		
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
O was (Downlined)		
Occupation (Required)	Aggregate	\$ 100.00
Self-employed	Aggregate year–to-date	\$ 100.00
	year-to-date Date	Amount of each
Self-employed	year–to-date	
D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker	year-to-date Date	Amount of each receipt
Self-employed D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Self-employed D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker Mailing Address 40 Nancy Lane	year-to-date Date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	Amount of each receipt this period \$ 25.00
Self-employed D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker Mailing Address 40 Nancy Lane City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Self-employed D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker Mailing Address 40 Nancy Lane City, State, Zip Code Lumberton, MS 39455	year-to-date Date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	Amount of each receipt this period \$ 25.00 \$ 25.00
Self-employed D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker Mailing Address 40 Nancy Lane City, State, Zip Code	year-to-date Date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	Amount of each receipt this period \$ 25.00
Self-employed D. Source: Corporation PAC Individual Loan Other (please specify) Full name Catherine Tucker Mailing Address 40 Nancy Lane City, State, Zip Code Lumberton, MS 39455 Name of Employer (Required)	year-to-date Date (Mo., Day, Year) 05 / 23 / 16 06 / 23 / 16	Amount of each receipt this period \$ 25.00 \$ 25.00

Name of Candidat	e or Committee	United Conservatives Fund		
Reporting period	January 1, 2016		through	December 31, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 23 / 16	¢ [
Catherine Tucker	109 / 123 / 110	\$ 25.00
Mailing Address		¢ [
40 Nancy Lane	<u> </u>	\$
City, State, Zip Code		
Lumberton, MS 39455		\$
Name of Employer (Required)		With the Control of t
Self-employed		\$
Occupation (Required)	Aggregate	
Self-employed	year-to-date	\$ 225.00
B. Source: Corporation PAC Individual V Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	12 / 23 / 16	6
Robert Turnage	12 / 23 / 16	\$ 1000.00
Mailing Address		A
PO Box 200		\$
City, State, Zip Code		\$
New Hebron, MS 39140	kanayani L.	Ψ]
Name of Employer (Required) RETIRED	/	\$
Occupation (Required)	Aggregate	\$ 1,000.00
Retired	year-to-date	♥ [1,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Commercial from the commer		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Patrick Turner	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Patrick Turner Mailing Address	(Mo., Day, Year) 01 / 02 / 16 02 / 02 / 16	receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road	(Mo., Day, Year)	receipt this period \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843	(Mo., Day, Year) 01 / 02 / 16 02 / 02 / 16 03 / 02 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code	(Mo., Day, Year) 01 / 02 / 16 02 / 02 / 16	receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired	(Mo., Day, Year) 01 / 02 / 16 02 / 02 / 16 03 / 02 / 16 04 / 02 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Patrick Turner	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Patrick Turner Mailing Address	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00
Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required) Self-employed Occupation (Required) Farmer/Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name Patrick Turner Mailing Address 5 Turner Road City, State, Zip Code Fulton, MS 38843 Name of Employer (Required)	(Mo., Day, Year) 01	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 100.00 Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00

Name of Candidat	e or Committee	United Conse	rvatives Func	
Reporting period	January 1, 2016		through	December 31, 2016

Full name	A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		09 / 01 / 16	\$ 25.00
STurmer Road	\$ 100 miles and the second of	Samuel Linear	¥ [25.00
STURNE ROAD Clay, State, Zip Code			\$
Fulton MS 38843	The contraction of the contracti	Constant Francis Communic	Companies and an arrangement
Fulton, WS 38843 Mame of Employer (Required) Fulton ame of Employer (Required) Famew/Retired Aggregate S 225.00 Amount of each receipt this period Fulton ame Mailing Address Mailing Addres			¢ [
Retired	Fulton, MS 38843	<u> </u>	Ψ
Retired Date Newton, MS 39345 Date	Name of Employer (Required)		e l
Farmer/Retired S			¥ [
Section Pac Individual Loan Date Mo., Day, Year Corporation Pac Individual Corporation Corporation Corporation Pac Individual Corporation Corporati		Aggregate	\$ 535.00
Date Composition Date		year–to-date	Ψ [225.00
Full name James White Jame	Total Control		receipt
James White	Other (please specify)	(moi, buy, rour,	this period
James White		01 / 07 / 16	\$ 35.00
	James White	<u> </u>	♥]25.00
	Mailing Address	02 4 07 4 16	\$ [25.00
Newton, MS 39345 103	32 CR 24143	102 / 10/ / 110	Ψ J25,00
Newton, MS 39345	City, State, Zip Code	02 , 157 , 136	<u> </u>
Retired Date Corporation PAC Individual Loan Date Corporation PAC Individual Loan Date Corporation PAC Individual Loan Date Corporation PAC Individual Date Corporation Date Corporation PAC Individual Date Corporation Date	to a company of the contract o	103 / 107 / 118	▶ 25.00
Retired C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Date (Mo., Day, Year) Amount of each receipt this period Full name Jos / Jor / 16 \$ 25.00 Cocupation (Required) Retired D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, Day, Year) Amount of each receipt this period Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Retired Aggregate J J J S Source Amount of each receipt this period Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate \$ 135.00		04 / 07 / 16	\$ 25.00
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)	Occupation (Required)	Aggregate	\$ [100.00
Other (please specify)	Retired	year-to-date	Ψ [100.00
James White			
Dark Substitute Substitut	Emily • transition to the state of the state		receipt
32 CR 24143	Other (please specify)	(Mo., Day, Year)	receipt this period
City, State, Zip Code	Other (please specify) Full name James White	(Mo., Day, Year)	receipt this period
Newton, MS 39345 107 / 16 \$ 25.00	Other (please specify) Full name James White	(Mo., Day, Year)	receipt this period \$ 25.00
Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate year-to-date Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 Aggregate year-to-date Amount of each receipt this period \$ 25.00 \$ 25.00 Aggregate year-to-date Aggregate \$ 25.00 Aggregate \$ 25.00	Other (please specify) Full name James White Mailing Address 32 CR 24143	(Mo., Day, Year)	receipt this period \$ 25.00
RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate year-to-date Amount of each receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00	Other (please specify) Full name James White Mailing Address 32 CR 24143	(Mo., Day, Year) 05 / 07 / 16 06 / 07 / 16	receipt this period \$ 25.00 \$ 25.00
Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Amount of each receipt this period Full name [09 / 07 / 16 \$ 25.00 1	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code	(Mo., Day, Year) 05 / 07 / 16 06 / 07 / 16	receipt this period \$ 25.00 \$ 25.00
Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Amount of each receipt this period Full name [09 / 07 / 16 \$ 25.00 1	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required)	(Mo., Day, Year) 05 / 07 / 16 06 / 07 / 16 07 / 07 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate Teceipt this period 109 / 07 / 16 \$ 25.00 \$ 25.00 \$ 1	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED	(Mo., Day, Year) 05 / 07 / 16 06 / 07 / 16 07 / 07 / 16 08 / 07 / 16	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate this period \$ 25.00 \$ 107 / 16 \$ 25.00 \$ 107 / 16 \$ 107 / 10 \$ 107 /	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00
James White	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 Amount of each
Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate \$ 235.00	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt
32 CR 24143	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period
Newton, MS 39345 Name of Employer (Required) Retired Occupation (Required) Aggregate \$ 235.00	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period
Name of Employer (Required) Retired Occupation (Required) Aggregate \$ 235.00	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00
Retired Decupation (Required) Aggregate \$ 235.00	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address 32 CR 24143	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 25.00
Occupation (Required) Aggregate \$ 235.00	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual V Loan Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 25.00
	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required)	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 125.00 \$ 125.00
	Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) RETIRED Occupation (Required) Retired D. Source: Corporation PAC Individual Loan Other (please specify) Full name James White Mailing Address 32 CR 24143 City, State, Zip Code Newton, MS 39345 Name of Employer (Required) Retired	(Mo., Day, Year) 05	receipt this period \$ 25.00 \$ 25.00 \$ 25.00 \$ 25.00 \$ 200.00 Amount of each receipt this period \$ 25.00 \$ 125.00

through December 31, 2016

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	11 , 03 , 16	\$ 149.75
Aledo, TX 76008		
Aledo, TX 76008 Purpose of Disbursement (Optional) Voter Data Information	Aggregate Year-to-date	\$ 3,745.75
Purpose of Disbursement (Optional)	Aggregate	\$ 3,745.75 Amount of each disbursement this period
Purpose of Disbursement (Optional) Voter Data Information F. Full name	Aggregate Year-to-date Date	Amount of each
Purpose of Disbursement (Optional) Voter Data Information F. Full name Campaign Sidekick Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period

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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 / <u>26</u> / <u>16</u>	\$ 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}
	06 / 20 / 16 — / — Aggregate Year-to-date	\$ 37.45 \$ 513.60
Purpose of Disbursement (Optional)	Aggregate	Ψ
Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service E. Full name	Aggregate Year-to-date	\$ 513.60 Amount of each
Purpose of Disbursement (Optional) Computer Service E. Full name Creative Computer Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ 513.60 Amount of each disbursement this period
Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service E. Full name Creative Computer Mailing Address PO Box 6648 City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year) 07 / 27 / 16	\$ 513.60 Amount of each disbursement this period \$ 37.45
Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service E. Full name Creative Computer Mailing Address PO Box 6648 City, State, Zip Code Laurel, MS 39441 Purpose of Disbursement (Optional)	Aggregate Year-to-date Date (Mo., Day, Year) 07 / 27 / 16 08 / 22 / 16 Aggregate	\$ 513.60 Amount of each disbursement this period \$ 37.45 \$ 37.45
Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service E. Full name Creative Computer Mailing Address PO Box 6648 City, State, Zip Code Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service F. Full name	Aggregate Year-to-date Date (Mo., Day, Year) 07 / 27 / 16 08 / 22 / 16 Aggregate Year-to-date Date	\$ 513.60 Amount of each disbursement this period \$ 37.45 \$ 37.45 \$ 588.50 Amount of each
Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service E. Full name Creative Computer Mailing Address PO Box 6648 City, State, Zip Code Laurel, MS 39441 Purpose of Disbursement (Optional) Computer Service F. Full name Creative Computer Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year) O7 / 27 / 16 O8 / 22 / 16 Aggregate Year-to-date Date (Mo., Day, Year)	\$ 513.60 Amount of each disbursement this period \$ 37.45 \$ 37.45 \$ 588.50 Amount of each disbursement this period

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through December 31, 2016

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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through December 31, 2016

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 / <u>16</u>	\$ 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 / <u>16</u>	\$ 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

United	Conservatives	Func

Name of Candidate or Committee

through

December 31, 2016

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	•
Purpose of Disbursement (Optional) F. Full name		Amount of each disbursement this period
	Year-to-date Date	Amount of each
F, Full name	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period