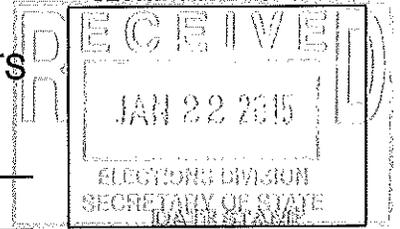


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report



Name of Committee United Conservatives Fund
 Address P.O. Box 4164 County Jones
 Telephone 601-323-0635 Fax _____
 Treasurer Richard Conrad Email Address conradrichard@msn.com

Check here if above is different from previous report

January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....Mandatory
All Candidates and Political Committees that received funds or made expenditures in Mississippi during the year 2014. Excludes Judicial Candidates

____ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

- IMPORTANT**
- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 - (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 - (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 6,842.08 +\$	\$ 6,842.08	\$ 6,842.08
Total amount of disbursements	\$ 226.07 +\$	\$ 226.07	\$ 226.07
Total amount of cash on hand		\$ 6,616.01	

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

Richard Conrad
Signature of Director or Treasurer

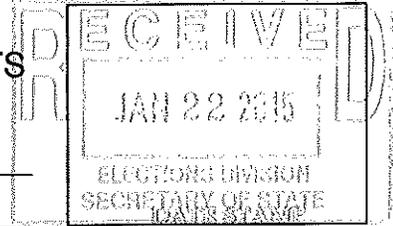
1/12/15
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
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3. Candidates for Municipal office should return forms to the Municipal Clerk.

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Name of Candidate or Committee United Conservatives FundReporting period January 2014 through December 2014

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Richard Conrad		11 / 18 / 14	\$ 200.00
Mailing Address P.O. Box 4164		□ / □ / □	\$
City, State, Zip Code Laurel, MS 39440		□ / □ / □	\$
Name of Employer (Required) Sanderson Farms, Inc.		□ / □ / □	\$
Occupation (Required) Auditor		Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Michael L Bostic		12 / 03 / 14	\$ 1,000.00
Mailing Address 111 Wisteria Hill Drive		12 / 03 / 14	\$ 100.00
City, State, Zip Code Flowood, MS 39232		□ / □ / □	\$
Name of Employer (Required) Retired		□ / □ / □	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 1,100.00
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name The Mississippi TEA Party Inc		12 / 03 / 14	\$ 3107.08
Mailing Address 971 Lakeland Drive, Suite 952		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39216		□ / □ / □	\$
Name of Employer (Required) Corporation		□ / □ / □	\$
Occupation (Required) Corporation		Aggregate year-to-date	\$ 3,107.08
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Laura Van Overschelde		12 / 31 / 14	\$ 500.00
Mailing Address 355 Northpointe Parkway		□ / □ / □	\$
City, State, Zip Code Jackson, MS 39211		□ / □ / □	\$
Name of Employer (Required) Retired		□ / □ / □	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee United Conservatives Fund

Reporting period 1/1/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Central Mississippi TEA Party Inc.</u>		<u>12</u> / <u>12</u> / <u>14</u>	\$ <u>1,810.00</u>
Mailing Address <u>55 Terrapin Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Brandon, MS 39042</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Central Mississippi TEA Party Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Corporation</u>		Aggregate year-to-date	\$ <u>1,810.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Sandra F Inman</u>		<u>12</u> / <u>12</u> / <u>14</u>	\$ <u>25.00</u>
Mailing Address <u>164 Greenfield Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39208</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>25.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Lewis R. Garvin</u>		<u>12</u> / <u>03</u> / <u>14</u>	\$ <u>25.00</u>
Mailing Address <u>113 Pecan Terrace</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Petal, MS 39465</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Self-employed</u>		Aggregate year-to-date	\$ <u>25.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Bill Knighton</u>		<u>12</u> / <u>03</u> / <u>14</u>	\$ <u>25.00</u>
Mailing Address <u>350 CR 7000</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Booneville, MS 38829</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-employed</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Self-employed</u>		Aggregate year-to-date	\$ <u>25.00</u>

Name of Candidate or Committee United Conservatives Fund

Reporting period 1/1/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jennifer Prudhomme</u>	<u>12</u> / <u>03</u> / <u>14</u>	\$ <u>25.00</u>
Mailing Address <u>135 Pebble Beach Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Vicksburg, MS 39183</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Dept. of Defense U.S. Army</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Administrative Assistant</u>	Aggregate year-to-date	\$ <u>25.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Janis D Lane</u>	<u>12</u> / <u>03</u> / <u>14</u>	\$ <u>25.00</u>
Mailing Address <u>300 Byram Drive, Apt. 31B</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Byram, MS 39272</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>BST/AT&T</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>25.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee United Conservatives Fund
 Reporting period 1/1/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name Harland Clark Checks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 660073	11 / 28 / 14 __ / __ / __	\$ 174.83
City, State, Zip Code Dallas, TX 75266-0073	12 / 19 / 14 __ / __ / __	\$ 51.24
Purpose of Disbursement (Optional) Check Book and Deposit Slips	Aggregate Year-to-date	\$ 226.07
B. 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	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$