

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Initiative Monthly Report



Name of Committee United Conservatives Fund (Initiative 51)

Address PO Box 4164 Laurel, MS 39441

Telephone 601-323-0635 Fax \_\_\_\_\_

Director Chris McDaniel Treasurer Richard Conrad

Check here if above is different from previous report

TYPE OF REPORT

May (Month), 2016 Monthly Report (due 10<sup>th</sup> of following Month).....Mandatory

\_\_\_\_ Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) 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 last 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	\$ 600.00 + \$ 50.00	\$ 650.00	\$ 35,455.42
Total amount of disbursements	\$ 4,052.75 + \$ 252.00	\$ 4,304.75	\$ 39,760.17
Total amount of cash on hand		\$ 5,422.53	

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

June 5, 2016  
Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (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. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

Name of Candidate or Committee United Conservatives Fund (Initiative 51)  
 Reporting period May 1, 2016 through May 31, 2016

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
<b>Full name</b> Jack Armstrong	05 / 15 / 16	\$ 25.00
<b>Mailing Address</b> 1932 Hwy. 588		\$
<b>City, State, Zip Code</b> Ellisville, MS 39437		\$
<b>Name of Employer (Required)</b> Self-employed		\$
<b>Occupation (Required)</b> Auctioneer	<b>Aggregate year-to-date</b>	\$ 400.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> Sandra Barnett	05 / 23 / 16	\$ 25.00
<b>Mailing Address</b> 55 Shady Grove Moss Road		\$
<b>City, State, Zip Code</b> Laurel, MS 39443		\$
<b>Name of Employer (Required)</b> Retired		\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 425.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> Michael L. Bostic	05 / 03 / 16	\$ 100.00
<b>Mailing Address</b> 111 Wisteria Hill Drive		\$
<b>City, State, Zip Code</b> Flowood, MS 39232		\$
<b>Name of Employer (Required)</b> Retired		\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 1,400.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> Paul Buisson	05 / 12 / 16	\$ 25.00
<b>Mailing Address</b> 112 Cannon Ridge Drive		\$
<b>City, State, Zip Code</b> Brandon, MS 39042		\$
<b>Name of Employer (Required)</b> Internet Media Consultant		\$
<b>Occupation (Required)</b> Self-employed	<b>Aggregate year-to-date</b>	\$ 425.00

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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	05 / 28 / 16	\$ 25.00
Richard Conrad		
Mailing Address	/ /	\$
735 N 7th Avenue		
City, State, Zip Code	/ /	\$
Laurel, MS 39440		
Name of Employer (Required)	/ /	\$
Sanderson Farms, Inc.		
Occupation (Required)	Aggregate	\$ 425.00
Auditor	year-to-date	
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	05 / 15 / 16	\$ 25.00
Mary Herring		
Mailing Address	/ /	\$
2425 Robble Lec Road		
City, State, Zip Code	/ /	\$
Nesbit, MS 38651		
Name of Employer (Required)	/ /	\$
Retired		
Occupation (Required)	Aggregate	\$ 400.00
Retired	year-to-date	
C. 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	05 / 02 / 16	\$ 25.00
Raymond Jones		
Mailing Address	/ /	\$
166 Summit Ridge Drive		
City, State, Zip Code	/ /	\$
Brandon, MS 39042		
Name of Employer (Required)	/ /	\$
Retired		
Occupation (Required)	Aggregate	\$ 425.00
Retired	year-to-date	
D. 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	05 / 23 / 16	\$ 50.00
Fredryck Macko		
Mailing Address	/ /	\$
131 WHIPPOORWILL ROAD		
City, State, Zip Code	/ /	\$
Brandon, MS 39047		
Name of Employer (Required)	/ /	\$
Macko Quality Solutions, LLC		
Occupation (Required)	Aggregate	\$ 850.00
Supplier Rep	year-to-date	

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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) _____		
<b>Full name</b> Robbie Nichols	05 / 02 / 16	\$ 50.00
<b>Mailing Address</b> 105 Walthall Street	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Greenwood, MS 38930	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> Nichols and Associates	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Insurance Sales	<b>Aggregate year-to-date</b>	\$ 750.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Other (please specify) _____		
<b>Full name</b> Susan Perkins	05 / 23 / 16	\$ 25.00
<b>Mailing Address</b> 2631 Hwy 29	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Laurel, MS 39443	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> Retired	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 425.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Other (please specify) _____		
<b>Full name</b> Alexander Roundtree	05 / 17 / 16	\$ 25.00
<b>Mailing Address</b> 118 Chinkapin Loop	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Oxford, MS 38655	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> Graduate Student	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Graduate Student	<b>Aggregate year-to-date</b>	\$ 250.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Other (please specify) _____		
<b>Full name</b> Joe Sansing	05 / 20 / 16	\$ 25.00
<b>Mailing Address</b> 10878 Washlemer PMB 104	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Houston, TX 77042	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> AVEVA Inc.	□ / □ / □	\$ _____
<b>Occupation (Required)</b> Accountant	<b>Aggregate year-to-date</b>	\$ 100.00

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Other (please specify) _____		
<b>Full name</b> Bonnie Schaneman	05 / 27 / 16	\$ 100.00
<b>Mailing Address</b> 2542 East C Street	/ /	\$
<b>City, State, Zip Code</b> Torrington, WY 82240	/ /	\$
<b>Name of Employer (Required)</b> Retired	/ /	\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 1,000.00
<b>B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> Catherine Tucker	05 / 23 / 16	\$ 25.00
<b>Mailing Address</b> 40 Nancy Lane	/ /	\$
<b>City, State, Zip Code</b> Lumberton, MS 39455	/ /	\$
<b>Name of Employer (Required)</b> Self-employed	/ /	\$
<b>Occupation (Required)</b> Self-employed	<b>Aggregate year-to-date</b>	\$ 425.00
<b>C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> Patrick Turner	05 / 02 / 16	\$ 25.00
<b>Mailing Address</b> 5 Turner Road	/ /	\$
<b>City, State, Zip Code</b> Fulton, MS 38843	/ /	\$
<b>Name of Employer (Required)</b> Self-employed	/ /	\$
<b>Occupation (Required)</b> Farmer/Retired	<b>Aggregate year-to-date</b>	\$ 400.00
<b>D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/></b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Other (please specify) _____		
<b>Full name</b> James White	05 / 07 / 16	\$ 25.00
<b>Mailing Address</b> 32 CR 24143	/ /	\$
<b>City, State, Zip Code</b> Newton, MS 39345	/ /	\$
<b>Name of Employer (Required)</b> Retired	/ /	\$
<b>Occupation (Required)</b> Retired	<b>Aggregate year-to-date</b>	\$ 350.00

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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Creative Computer	<b>Date</b> (Mo., Day, Year) 05 / 19 / 16	<b>Amount of each</b> <b>disbursement this period</b> \$ 37.45
<b>Mailing Address</b> PO Box 6648	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Laurel, MS 39441	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Computer Service, Web Hosting	<b>Aggregate</b> <b>Year-to-date</b>	\$ 7,693.30
<b>B. Full name</b> Transaxt	<b>Date</b> (Mo., Day, Year) 05 / 31 / 16	<b>Amount of each</b> <b>disbursement this period</b> \$ 28.75
<b>Mailing Address</b> 190 Monroe Avenue NW, Suite 500	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Grand Rapids, MI 49503	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Credit Card Transaction Fees	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,079.30
<b>C. Full name</b> Campaign Sidekick	<b>Date</b> (Mo., Day, Year) 05 / 26 / 16	<b>Amount of each</b> <b>disbursement this period</b> \$ 1,200.00
<b>Mailing Address</b> 1550 Old Annetta Road	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Aledo, TX 76008	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Voter Data Information	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,200.00
<b>D. Full name</b> Villages of Northpointe	<b>Date</b> (Mo., Day, Year) 05 / 11 / 16	<b>Amount of each</b> <b>disbursement this period</b> \$ 750.00
<b>Mailing Address</b> 201 Northpointe Parkway	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39211	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Venue Rental	<b>Aggregate</b> <b>Year-to-date</b>	\$ 750.00
<b>E. Full name</b> Char Restaurant	<b>Date</b> (Mo., Day, Year) 05 / 19 / 16	<b>Amount of each</b> <b>disbursement this period</b> \$ 1,536.55
<b>Mailing Address</b> 4500 I-55 North, Highland Village #142	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39211	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Catering of Event at Villages of Northpointe	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,536.55
<b>F. Full name</b> Melanie Sojourner	<b>Date</b> (Mo., Day, Year) 05 / 26 / 13	<b>Amount of each</b> <b>disbursement this period</b> \$ 500.00
<b>Mailing Address</b> 428 Kingston Road	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Natchez, MS 39120	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Reimbursement for Travel Expenses	<b>Aggregate</b> <b>Year-to-date</b>	\$ 646.48