

2016 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 Campaign Finance
 2015 Election
 Secretary of State

RECEIVED
AUG 06 2015

Delbert Hosemann
 SECRETARY OF STATE
RECEIVED
MAY 07 2015
 ELECTIONS DIVISION
 SECRETARY OF STATE
 STATE STAGE

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

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015).....Mandatory
- June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015).....Mandatory
- July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015).....Mandatory
- July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015).....Mandatory
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015).....Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015).....Mandatory
- October 27, 2015 Pre-Election Report**.....Mandatory
*(Primary Election Winners report October 1, 2015, through October 24, 2015)
 (Independent Candidates report January 1, 2015 through October 24, 2015)
 All Candidates and Political Committees*
- November 17, 2015 Pre-Runoff Report** (October 26, 2015, through November 14, 2015).....Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015).....Mandatory
- 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. § 23-15-007 (b) (i) and (ii).
- (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	\$ 7,991.62	+\$ 6,962.00	\$ 14,953.62	\$ 14,953.62
Total amount of disbursements	\$ 11,381.53	+\$ 264.50	\$ 11,646.13	\$ 11,646.13
Total amount of cash on hand			\$ 9,193.50	

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, Treasurer
 Signature of Director or Treasurer

5/3/15
 Date

Authority: Refer to Miss. Code Ann. §23-15-001 (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. §§ 23-15-011 and 013 (1972).

SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 130, Jackson, MS 39208 or fax to (601) 576-2546
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee United Contractors Fund
 Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Creative Computer		
Mailing Address PO Box 6648	02 / 10 / 15	\$ 449.40
City, State, Zip Code Laurel, MS 39441	02 / 14 / 15	\$ 1000.00
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 1449.40
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Creative Computer		
Mailing Address PO Box 6648	02 / 24 / 15	\$ 826.75
City, State, Zip Code Laurel, MS 39441	03 / 03 / 15	\$ 500.00
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 2775.75
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Creative Computer		
Mailing Address PO Box 6648	03 / 17 / 15	\$ 1882.70
City, State, Zip Code Laurel, MS 39441	03 / 24 / 15	\$ 37.45
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 4675.90
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Creative Computer		
Mailing Address PO Box 6648	04 / 13 / 15	\$ 128.40
City, State, Zip Code Laurel, MS 39441	04 / 20 / 15	\$ 353.10
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 5157.40
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Creative Computer		
Mailing Address PO Box 6648	04 / 27 / 15	\$ 57.45
City, State, Zip Code Laurel, MS 39441		\$
Purpose of Disbursement (Optional) Computer Service	Aggregate Year-to-date	\$ 5194.85
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jim Moxler		
Mailing Address 5725 Hwy. 481 South	04 / 01 / 15	\$ 95.00
City, State, Zip Code Moxton, MS 39117	04 / 21 / 15	\$ 1000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1095.00

Name of Candidate or Committee United Conservatives Fund
 Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Keith Plunkett	Date (Mo., Day, Year) 04 / 21 / 15	Amount of each disbursement this period \$ 1000.00
Mailing Address PO Box 155	___ / ___ / ___	\$
City, State, Zip Code Hera, MS 39071	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1000.00
B. Full name Mahaffey's Printing	Date (Mo., Day, Year) 01 / 05 / 15	Amount of each disbursement this period \$ 214.92
Mailing Address PO Box 23999	___ / ___ / ___	\$ 765.00
City, State, Zip Code Jackson, MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 979.92
C. Full name Mahaffey's Printing	Date (Mo., Day, Year) 02 / 14 / 15	Amount of each disbursement this period \$ 504.36
Mailing Address PO Box 23999	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1484.28
D. Full name Tami Artold dba Branded Design	Date (Mo., Day, Year) 02 / 06 / 15	Amount of each disbursement this period \$ 2190.00
Mailing Address 14782 WCR43	___ / ___ / ___	\$
City, State, Zip Code Hudson, CO 80642	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Design & Layout Services	Aggregate Year-to-date	\$ 2190.00
E. Full name Transact	Date (Mo., Day, Year) 02 / 10 / 15	Amount of each disbursement this period \$ 206.90
Mailing Address 190 Monroe Avenue NW, Suite 500	___ / ___ / ___	\$ 23.25
City, State, Zip Code Grand Rapids, MI 49503	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 229.75
F. Full name Transact	Date (Mo., Day, Year) 02 / 25 / 15	Amount of each disbursement this period \$ 6.25
Mailing Address 190 Monroe Avenue NW, Suite 500	___ / ___ / ___	\$ 45.25
City, State, Zip Code Grand Rapids, MI 49503	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 281.25

Name of Candidate or Committee United Conservatives Fund
 Reporting period January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Transact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	03 / 11 / 15	\$ 25.00
City, State, Zip Code Grand Rapids, MI 49503	03 / 19 / 15	\$ 8.25
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 314.50
B. Full name Transact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	04 / 04 / 15	\$ 48.25
City, State, Zip Code Grand Rapids, MI 49503	04 / 08 / 15	\$ 28.75
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 386.50
C. Full name Transact	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 190 Monroe Avenue NW, Suite 500	04 / 15 / 15	\$ 12.00
City, State, Zip Code Grand Rapids, MI 49503	04 / 29 / 15	\$ 19.00
Purpose of Disbursement (Optional) Credit Card Transaction Fees	Aggregate Year-to-date	\$ 417.50
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	\$

Name of Candidate or Committee United Conservatives Fund
 Reporting period January 1, 2015 through April 30, 2015

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>Michael Bostic</u>	<u>01</u> / <u>03</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>111 Wisteria Hill Drive</u>	<u>02</u> / <u>03</u> / <u>15</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Flowood, MS 39231</u>	<u>03</u> / <u>03</u> / <u>15</u>	\$ <u>100.00</u>
Name of Employer (Required) <u>Retired</u>	<u>04</u> / <u>03</u> / <u>15</u>	\$ <u>100.00</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee to Elect Chris McDaniel</u>	<u>01</u> / <u>27</u> / <u>15</u>	\$ <u>2053.38</u>
Mailing Address <u>PO Box 1049</u>	/ /	\$
City, State, Zip Code <u>Laurel, MS 39440</u>	/ /	\$
Name of Employer (Required) <u>N/A</u>	/ /	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2053.38</u>
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 <u>Gerard R Gilbert</u>	<u>01</u> / <u>28</u> / <u>15</u>	\$ <u>75.00</u>
Mailing Address <u>148 Woodmont Way</u>	<u>02</u> / <u>28</u> / <u>15</u>	\$ <u>75.00</u>
City, State, Zip Code <u>Hiddeford, MS 39157</u>	<u>03</u> / <u>28</u> / <u>15</u>	\$ <u>75.00</u>
Name of Employer (Required) <u>Venture Technologies, Inc.</u>	<u>04</u> / <u>28</u> / <u>15</u>	\$ <u>75.00</u>
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>300.00</u>
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 <u>Fredryk F Macko</u>	<u>01</u> / <u>23</u> / <u>15</u>	\$ <u>50.00</u>
Mailing Address <u>131 Whippenwill Rd</u>	<u>02</u> / <u>23</u> / <u>15</u>	\$ <u>50.00</u>
City, State, Zip Code <u>Brandon, MS 39047</u>	<u>03</u> / <u>23</u> / <u>15</u>	\$ <u>50.00</u>
Name of Employer (Required) <u>Macko Quality Solutions, LLC</u>	<u>04</u> / <u>23</u> / <u>15</u>	\$ <u>50.00</u>
Occupation (Required) <u>Supplier Rep</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee United Conservatives Fund
 Reporting period January 1, 2015 through April 30, 2015

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>Mark A. Peavy</u>	<u>02</u> / <u>16</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>317 Warwick Road</u>	/ /	\$
City, State, Zip Code <u>Clymer, Ms 39056</u>	/ /	\$
Name of Employer (Required) <u>Self Employed</u>	/ /	\$
Occupation (Required) <u>Aircraft Mechanic</u>	Aggregate year-to-date	\$ <u>300.00</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>Christopher B. McDaniel</u>	<u>01</u> / <u>30</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>506 Court Street</u>	<u>02</u> / <u>28</u> / <u>15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Ellisville, MS 39437</u>	<u>03</u> / <u>23</u> / <u>15</u>	\$ <u>500.00</u>
Name of Employer (Required) <u>Law Firm</u>	<u>04</u> / <u>20</u> / <u>15</u>	\$ <u>500.00</u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>2000.00</u>
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 <u>Jason J. Miller</u>	<u>01</u> / <u>31</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>2908 N. Lincoln St.</u>	/ /	\$
City, State, Zip Code <u>Adlington, VA 22207</u>	/ /	\$
Name of Employer (Required) <u>Jamestown Associates</u>	/ /	\$
Occupation (Required) <u>Consultant</u>	Aggregate year-to-date	\$ <u>1000.00</u>
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 <u>Joe Morgan</u>	<u>02</u> / <u>17</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>3104 Crestwood Drive</u>	/ /	\$
City, State, Zip Code <u>Laurel, MS 39440</u>	/ /	\$
Name of Employer (Required) <u>Retired</u>	/ /	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee United Conservatives Fund
Reporting period January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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: <u>NOVA Life Company</u>	<u>03</u> / <u>13</u> / <u>15</u>	\$ <u>1438.24</u>
Mailing Address: <u>20130 Lakeview Center Plaza, Suite 300</u>	/ /	\$
City, State, Zip Code: <u>Ashburn, VA 20147</u>	/ /	\$
Name of Employer (Required): <u>N/A</u>	/ /	\$
Occupation (Required): <u>N/A</u>	Aggregate year-to-date	\$ <u>1438.24</u>
B. 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	\$
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	\$