



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Conservative Action Fund**

Report Covering the Period: From:  /  /  To:  /  /

|   | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>   | <input type="text" value="760.28"/>    | <input type="text" value="760.28"/>    |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="0.00"/>      |  |
| (c) Total Receipts (from Line 19) .....   | <input type="text" value="153566.73"/> | <input type="text" value="155048.88"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....             | <input type="text" value="153566.73"/> | <input type="text" value="155809.16"/> |
| 7. Total Disbursements (from Line 31).....  | <input type="text" value="125541.65"/> | <input type="text" value="127784.08"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                        | <input type="text" value="28025.08"/>  | <input type="text" value="28025.08"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value="0.00"/>      |  |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Conservative Action Fund**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 20366.12                      | 20366.12                          |
| (ii) Unitemized .....   | 132917.33                     | 132919.34                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 153283.45                     | 153285.46                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 153283.45                     | 153285.46                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 283.28                        | 1763.42                           |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 153566.73                     | 155048.88                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 153566.73                     | 155048.88                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 119158.57                     | 119158.57                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 119158.57                     | 119158.57                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 6273.08                       | 6273.08                           |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 110.00                        | 110.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 110.00                        | 110.00                            |
| 29. Other Disbursements .....  | 0.00                          | 2242.43                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 125541.65                     | 127784.08                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 125541.65                     | 127784.08                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 153283.45                     | 153285.46                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 110.00                        | 110.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 153173.45                     | 153175.46                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 119158.57                     | 119158.57                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 119158.57                     | 119158.57                         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 95                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Russell Abel**  
Full Name (Last, First, Middle Initial)

Mailing Address 2311 e. main st.

City Millville State NJ Zip Code 08332

FEC ID number of contributing federal political committee. **C**

Name of Employer Verizon Occupation Retired disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt  
 09 / 13 / 2014  
**Transaction ID : SA11Al.14870**

Amount of Each Receipt this Period  
**10.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. KARL ANDREWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 25438 SUNSET CT N

City LOXLEY State AL Zip Code 36551

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED/REALTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **35.00**

Date of Receipt  
 09 / 14 / 2014  
**Transaction ID : SA11Al.14945**

Amount of Each Receipt this Period  
**15.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Jean Angle**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 E. Via Verde St.

City Wichita State KS Zip Code 67230

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 07 / 11 / 2014  
**Transaction ID : SA11Al.7604**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1025.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 95                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Jean Angle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E. Via Verde St.  
City Wichita State KS Zip Code 67230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1100.00**

Date of Receipt **07 / 28 / 2014**  
**Transaction ID : SA11AI.8968**  
Amount of Each Receipt this Period **100.00**

**B. Lemoyen Apostle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 Amanda Drive  
City Wedowee State AL Zip Code 36278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Randolph County Board of Education Occupation Special Education Coordinator  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14901**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Sarah Aronno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12155 Inwood Circle  
City Dallas State TX Zip Code 75244  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **10.00**

Date of Receipt **09 / 14 / 2014**  
**Transaction ID : SA11AI.14939**  
Amount of Each Receipt this Period **10.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 95                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Al Baimbridge**

Mailing Address P.O.Box1090

City Hilmar State CA Zip Code 95324

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **32.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2014**

**Transaction ID : SA11Al.14952**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**B. Sandra Barrett**

Mailing Address PO Box 1185

City Alto State NM Zip Code 88312

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 07 / 2014**

**Transaction ID : SA11Al.6637**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Betty Bassett**

Mailing Address 56673 Pleasant Hill Dr.

City Coquille State OR Zip Code 97423

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **53.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2014**

**Transaction ID : SA11Al.14954**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>285.52</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 95                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Philip Battaglia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10010 Montecola Pine Dr  
 City State Zip Code  
 Katy TX 77494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CDB Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 27.76

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : SA11AI.14982**  
 Amount of Each Receipt this Period  
 10.00  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Joseph Bindel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Kelsey Road  
 City State Zip Code  
 Denison TX 75021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JPS Health Supply Chain Mgr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 27.76

Date of Receipt  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14946**  
 Amount of Each Receipt this Period  
 17.76  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Thomas Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 McIntosh Drive  
 City State Zip Code  
 Shreveport LA 71115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed CPA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 03 / 2014  
**Transaction ID : SA11AI.13348**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 127.76  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Thomas Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 McIntosh Drive

City Shreveport State LA Zip Code 71115

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : SA11AI.14664**

Amount of Each Receipt this Period  
**17.76**

**B. Benjamin Blumberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Horizon Rd 1708

City Fort Lee State NJ Zip Code 07024

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14974**

Amount of Each Receipt this Period  
**50.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Carol Bogosian**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Marland Rd. S.

City Colorado Springs State CO Zip Code 80906

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : SA11AI.14378**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **567.76**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Wallace Boysen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3940 S 183rd. Ave  
City Omaha State NE Zip Code 68130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 162.76

Date of Receipt 09 / 14 / 2014  
**Transaction ID : SA11AI.14948**  
Amount of Each Receipt this Period 17.76  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Wallace Boysen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3940 S 183rd. Ave  
City Omaha State NE Zip Code 68130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 216.04

Date of Receipt 09 / 24 / 2014  
**Transaction ID : SA11AI.14323**  
Amount of Each Receipt this Period 17.76

**C. Wallace Boysen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3940 S 183rd. Ave  
City Omaha State NE Zip Code 68130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 236.04

Date of Receipt 09 / 26 / 2014  
**Transaction ID : SA11AI.14686**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.52  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Huda Bragalone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 638 Scenic Ranch Circle  
City Fairview State TX Zip Code 75069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 95.52

Date of Receipt 09 / 14 / 2014  
**Transaction ID : SA11AI.14956**  
Amount of Each Receipt this Period 17.76  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. RICHARD BROOKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 mosby circle  
City WARRENTON State VA Zip Code 20186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FVCS Occupation TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt 09 / 14 / 2014  
**Transaction ID : SA11AI.14966**  
Amount of Each Receipt this Period 25.00  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Maryanne Brooks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3772 E. Millers Bridge Rd.  
City Tallahassee State FL Zip Code 32312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2014  
**Transaction ID : SA11AI.7481**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1042.76  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 13 OF 95   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Glenn O Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 194 Sanderling Court  
 City Johns Island State SC Zip Code 29455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14895**  
 Amount of Each Receipt this Period **25.00**  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Barry Bryant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11200 Oakleaf Lane  
 City oklahoma City State OK Zip Code 73131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self employed Occupation Oil and Gas Industry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 15 / 2014**  
**Transaction ID : SA11AI.8420**  
 Amount of Each Receipt this Period **500.00**

**C. James Canon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 9221  
 City Wichita State KS Zip Code 67277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation n/a  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **85.52**

Date of Receipt **09 / 14 / 2014**  
**Transaction ID : SA11AI.14953**  
 Amount of Each Receipt this Period **17.76**  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **542.76**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Robert Capps**  
Full Name (Last, First, Middle Initial)

Mailing Address 7319 Golfview Dr.

City Nichols State SC Zip Code 29581

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14934**

Amount of Each Receipt this Period  
**10.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Vivian Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 40164 Alise Avenue

City Prairieville State LA Zip Code 70769

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2014  
**Transaction ID : SA11AI.14871**

Amount of Each Receipt this Period  
**10.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Daniel Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 7040 Harlech Trace

City Cumming State GA Zip Code 30041

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **17.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11AI.14986**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>37.76</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Dr. Michael Cosenza**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 Hospital dr Suite B

City Ukiah State CA Zip Code 95482

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 11 / 2014**

**Transaction ID : SA11AI.7602**

Amount of Each Receipt this Period  
**177.60**

**B. Robyn Credico**  
Full Name (Last, First, Middle Initial)

Mailing Address 9008 Belmart Rd

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Towers Watson Occupation Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : SA11AI.14058**

Amount of Each Receipt this Period  
**250.00**

**C. PHILIP DEANS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5122 Colonial Drive

City Pearland State TX Zip Code 77584

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Civil/Space Engineering Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 20 / 2014**

**Transaction ID : SA11AI.12068**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **677.60**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. James Dezauche**  
Full Name (Last, First, Middle Initial)

Mailing Address 4252 Regulus Dr

City State Zip Code  
Mobile AL 36693

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2014  
**Transaction ID : SA11AI.14926**

Amount of Each Receipt this Period  
100.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Joe B Durrett**  
Full Name (Last, First, Middle Initial)

Mailing Address 5429 Chevy Chase dr

City State Zip Code  
Houston TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2014  
**Transaction ID : SA11AI.14920**

Amount of Each Receipt this Period  
50.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. James N. Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 3820 River Road

City State Zip Code  
Wimberley TX 78676

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
River Oaks Resources Management Consultant - Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2014  
**Transaction ID : SA11AI.13123**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 17 OF 95                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. James Eller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3587 conrad Ave.

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>SanDiego | State<br>CA | Zip Code<br>92117 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 03    | / | 2014        |

**Transaction ID : SA11AI.5146**

Amount of Each Receipt this Period  
500.00

**B. James Eller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3587 conrad Ave.

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>SanDiego | State<br>CA | Zip Code<br>92117 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 24    | / | 2014        |

**Transaction ID : SA11AI.14504**

Amount of Each Receipt this Period  
500.00

**C. David Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 757

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Kaufman | State<br>TX | Zip Code<br>75142 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>Self | Occupation<br>Retired |
|--------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 06    | / | 2014        |

**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period  
250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Herb Fair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7816 E. San Miguel Ave  
City Scottsdale State AZ Zip Code 85250  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF!!! Occupation Mgmt. Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2014  
**Transaction ID : SA11AI.6297**  
Amount of Each Receipt this Period  
250.00

**B. Lawrence Fargher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 830 Kiely Blvd. #200  
City Santa Clara State CA Zip Code 95051  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Realcom Associates ( Self) Occupation Realtor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 200.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2014  
**Transaction ID : SA11AI.14927**  
Amount of Each Receipt this Period  
100.00  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Peter Farrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7220 Romero Drive  
City La Jolla State CA Zip Code 92037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ResMed Inc. Occupation Biomedical engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2014  
**Transaction ID : SA11AI.9893**  
Amount of Each Receipt this Period  
1000.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 19 OF 95                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Lydia ferrall**  
Full Name (Last, First, Middle Initial)

Mailing Address 977 corison loop

City columbia State SC Zip Code 29229

FEC ID number of contributing federal political committee. **C**

Name of Employer government Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14941**

Amount of Each Receipt this Period  
 10.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Barbara Fodor**  
Full Name (Last, First, Middle Initial)

Mailing Address 2280 Century Hill

City Los Angeles State CA Zip Code 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2014  
**Transaction ID : SA11AI.12958**

Amount of Each Receipt this Period  
 200.00

**C. John Foland**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Glen Forest Ln

City Plano State TX Zip Code 75023

FEC ID number of contributing federal political committee. **C**

Name of Employer FolandTech, Inc. Occupation Computer Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2014  
**Transaction ID : SA11AI.14877**

Amount of Each Receipt this Period  
 15.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 20 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Michael Francisco**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 Pinehaven Drive

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 19 / 2014  
**Transaction ID : SA11AI.11581**

Amount of Each Receipt this Period 250.00

**B. Lydia Fuller**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Corbitt Dr.

City Wilmore State KY Zip Code 40390

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 09 / 18 / 2014  
**Transaction ID : SA11AI.15001**

Amount of Each Receipt this Period 25.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Ann Gabel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3664 S Lakeshore Dr

City Byrnes Mill State MO Zip Code 63051

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt 09 / 14 / 2014  
**Transaction ID : SA11AI.14944**

Amount of Each Receipt this Period 10.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 21 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Rita Gaither**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4275 Guthrie Rd.  
City Clarksville State TN Zip Code 37043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation farmer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 18 / 2014  
Transaction ID : SA11AI.10637  
Amount of Each Receipt this Period 250.00

**B. Irvin H. Gatlin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3159 Highway 84 E.  
City LAUREL State MS Zip Code 39443  
FEC ID number of contributing federal political committee. **C**  
Name of Employer USN & CITY OF IAUREL, mS Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 09 / 2014  
Transaction ID : SA11AI.9671  
Amount of Each Receipt this Period 100.00

**C. Robert Gaul**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 Pine Knott Rd  
City Fayetteville State GA Zip Code 30214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20.00

Date of Receipt 09 / 14 / 2014  
Transaction ID : SA11AI.14930  
Amount of Each Receipt this Period 10.00  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. James Gully**  
Full Name (Last, First, Middle Initial)

Mailing Address 71 Highland Ave

City Riverdale State NJ Zip Code 07457

FEC ID number of contributing federal political committee. **C**

Name of Employer Master Arms LLC Occupation Firearms Dealer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14932**

Amount of Each Receipt this Period  
 10.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Alice Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3777 Plum Hill Ct

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11AI.14992**

Amount of Each Receipt this Period  
 100.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Jerry Harrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 2317 L. don dodson dr Apt# 132

City Bedford State TX Zip Code 76021

FEC ID number of contributing federal political committee. **C**

Name of Employer AI's Formal Wear Occupation Delivery Driver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 90.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11AI.14981**

Amount of Each Receipt this Period  
 5.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Mark Helm**  
Full Name (Last, First, Middle Initial)

Mailing Address 1096 S. Rainbow Ave

City Sanger State CA Zip Code 93657

FEC ID number of contributing federal political committee. **C**

Name of Employer Herndon Healthcare, Inc Occupation business owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2014  
**Transaction ID : SA11AI.8848**

Amount of Each Receipt this Period  
 250.00

**B. Donna Hetland**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 April Breeze St.

City Montgomery State TX Zip Code 77356

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : SA11AI.13352**

Amount of Each Receipt this Period  
 100.00

**C. malcolm (frank) Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 8109 NW 130th Place

City Oklahoma City State OK Zip Code 73142

FEC ID number of contributing federal political committee. **C**

Name of Employer Sand Point Production , Inc. Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2014  
**Transaction ID : SA11AI.7479**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Tatnall Hillman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 504 W Bleeker St  
City Aspen State CO Zip Code 81611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2014  
**Transaction ID : SA11AI.9476**  
Amount of Each Receipt this Period 1000.00

**B. Diane Hitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4801 Bonneville Dr  
City Arlington State TX Zip Code 76016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer School Teacher Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 70.00

Date of Receipt 09 / 14 / 2014  
**Transaction ID : SA11AI.14957**  
Amount of Each Receipt this Period 20.00  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Kevin Holmgren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4120 University Blvd.  
City Dallas State TX Zip Code 75205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2014  
**Transaction ID : SA11AI.12686**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1270.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Marjorie Horst**

Mailing Address 337 Brightwood Ct

City Monmouth State OR Zip Code 97361

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
09 / 13 / 2014  
**Transaction ID : SA11AI.14873**

Amount of Each Receipt this Period  
10.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**B. Ms Peter c Jackson**

Mailing Address 267 litchfield Lane

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
09 / 17 / 2014  
**Transaction ID : SA11AI.14999**

Amount of Each Receipt this Period  
10.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**c. phyllis johnson**

Mailing Address 15585 114 st

City nya State MN Zip Code 55397

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
27.76

Date of Receipt  
09 / 14 / 2014  
**Transaction ID : SA11AI.14955**

Amount of Each Receipt this Period  
17.76

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.76

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Pamela Jones**

Mailing Address 9238 Pilgrim Ct

City West Chester State OH Zip Code 45069

FEC ID number of contributing federal political committee. **C**

Name of Employer (retired) Occupation (retired)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **27.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.14987**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**B. Thomas Jozwiak**

Mailing Address 4852 Spike horn Dr

City New Port Richey State FL Zip Code 34653

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **42.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2014**

**Transaction ID : SA11AI.14963**

Amount of Each Receipt this Period  
**25.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**C. SAM KIRBY**

Mailing Address 14519 WINDY RIDGE

City HOUSTON State TX Zip Code 77062

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED AIR FORCE Occupation RETIRED AIR FORCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **53.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2014**

**Transaction ID : SA11AI.14885**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **60.52**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Karl Kluge**  
Full Name (Last, First, Middle Initial)

Mailing Address 6875 W 84th Way #9

City Arvada State CO Zip Code 80003

FEC ID number of contributing federal political committee. **C**

Name of Employer RG and Assoc46 Occupation Design Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **27.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14972**

Amount of Each Receipt this Period  
**27.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Stanley Kolniak**  
Full Name (Last, First, Middle Initial)

Mailing Address 2207SurreyLn

City BossierCity State LA Zip Code 71111

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **17.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11AI.14989**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. H Neill Lehr Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 5842 Churchill Downs Rd

City Oceanside State CA Zip Code 92057

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2014  
**Transaction ID : SA11AI.13295**

Amount of Each Receipt this Period  
**177.60**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>223.12</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Pat Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 Fore St  
City Sulphur Springs State TX Zip Code 75482  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14906**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Ronald Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1111 Dogwood Lane  
City White House State TN Zip Code 37188  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation DDS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14907**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. William Longest**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8028 Martin Field Drive  
City Mechanicsville State VA Zip Code 23111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 25 / 2014**  
**Transaction ID : SA11AI.14580**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Vicki Lopez**

Mailing Address 600 Yale Street, No. 302

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Harrisburg | PA    | 17111    |

FEC ID number of contributing federal political committee. **C**

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| N/A              | Retired    |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **17.76**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.14890**

Amount of Each Receipt this Period  

|       |
|-------|
| 17.76 |
|-------|

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**B. Paul Manger**

Mailing Address 3024 West Forest Lake Drive

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Sarasota | FL    | 34232    |

FEC ID number of contributing federal political committee. **C**

|                         |            |
|-------------------------|------------|
| Name of Employer        | Occupation |
| Florida Marine Research | Manager    |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 21    | / | 2014        |

**Transaction ID : SA11AI.12210**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**C. Donald Martin**

Mailing Address 5655 W 800 N

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| Michigan City | IN    | 46360    |

FEC ID number of contributing federal political committee. **C**

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| N/A              | Retired    |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **27.76**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.14887**

Amount of Each Receipt this Period  

|       |
|-------|
| 17.76 |
|-------|

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>285.52</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 30 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gilbert Mathews</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2014<br><b>Transaction ID : SA11AI.8584</b> |
| Mailing Address P.O. Box 911  |                                    | Amount of Each Receipt this Period<br>100.00   |
| City<br>Burnsville  | State<br>MN                        | Zip Code<br>55337  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>n/a            | Occupation<br>Retired  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>277.60 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gilbert Mathews</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 26 / 2014<br><b>Transaction ID : SA11AI.8845</b> |
| Mailing Address P.O. Box 911  |                                    | Amount of Each Receipt this Period<br>100.00   |
| City<br>Burnsville  | State<br>MN                        | Zip Code<br>55337  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>n/a            | Occupation<br>Retired  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>377.60 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gilbert Mathews</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 05 / 2014<br><b>Transaction ID : SA11AI.9460</b> |
| Mailing Address P.O. Box 911  |                                    | Amount of Each Receipt this Period<br>100.00   |
| City<br>Burnsville  | State<br>MN                        | Zip Code<br>55337  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>n/a            | Occupation<br>Retired  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>477.60 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Gilbert Mathews**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 911  
City Burnsville State MN Zip Code 55337  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **577.60**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14924**  
Amount of Each Receipt this Period **100.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. George Matthews**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1925 North Flagler Dr.  
City W. Palm Beach State FL Zip Code 33407  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 09 / 2014**  
**Transaction ID : SA11AI.13832**  
Amount of Each Receipt this Period **250.00**

**C. Carl May**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2245 Monica Street  
City Beaumont State TX Zip Code 77707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jefferson county Sheriff's Dept Occupation Corrections/Law Enforcement  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 14 / 2014**  
**Transaction ID : SA11AI.14960**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 32 OF 95   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DON MCKINNON</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14878</b> |
| Mailing Address 3731 HIGHWAY 76 E   |  | Amount of Each Receipt this Period<br>15.00   |
| City NASHVILLE  | State GA   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Zip Code 31639  | FEC ID number of contributing federal political committee. C |   |
| Name of Employer SELF   | Occupation LABOR/SALES                                       | Aggregate Year-to-Date ▼<br>20.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Leonard metildi</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14923</b> |
| Mailing Address 3900 E Iohman Ave B   |  | Amount of Each Receipt this Period<br>50.00   |
| City Las Cruces   | State NM   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Zip Code 88011  | FEC ID number of contributing federal political committee. C |   |
| Name of Employer Mountain View Regional Medical Center  | Occupation Surgeon   | Aggregate Year-to-Date ▼<br>50.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Michaelina Miconi</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2014<br><b>Transaction ID : SA11AI.14976</b> |
| Mailing Address 10316 Greenwood Place   |  | Amount of Each Receipt this Period<br>50.00   |
| City Oakton   | State VA   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Zip Code 22124  | FEC ID number of contributing federal political committee. C |   |
| Name of Employer retired  | Occupation realtor   | Aggregate Year-to-Date ▼<br>50.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 115.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. david miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5000 REBECCA BLVD  
 City Kenner State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation home repair  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35.52

Date of Receipt 09 / 14 / 2014  
**Transaction ID : SA11Al.14951**  
 Amount of Each Receipt this Period 17.76  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. michael miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 west main st  
 City barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation JEWELER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.60

Date of Receipt 08 / 18 / 2014  
**Transaction ID : SA11Al.10615**  
 Amount of Each Receipt this Period 100.00

**C. michael miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 west main st  
 City barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation JEWELER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 527.60

Date of Receipt 08 / 23 / 2014  
**Transaction ID : SA11Al.12687**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 367.76  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. William E Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W Governors Trace

City State Zip Code  
Eckerty IN 47116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none Retired Soldier

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**277.76**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11AI.9929**

Amount of Each Receipt this Period  
**250.00**

**B. William E Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W Governors Trace

City State Zip Code  
Eckerty IN 47116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none Retired Soldier

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**295.52**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 09 / 2014**

**Transaction ID : SA11AI.13643**

Amount of Each Receipt this Period  
**17.76**

**C. William E Mitchell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6069 W Governors Trace

City State Zip Code  
Eckerty IN 47116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none Retired Soldier

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**320.52**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.13861**

Amount of Each Receipt this Period  
**25.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>292.76</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 35 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. William E Mitchell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6069 W Governors Trace  
City Eckerty State IN Zip Code 47116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation Retired Soldier  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **338.28**

Date of Receipt **09 / 23 / 2014**  
**Transaction ID : SA11AI.14169**  
Amount of Each Receipt this Period **17.76**

**B. Alan Mizeras**  
Full Name (Last, First, Middle Initial)  
Mailing Address 78 Brogden Lane  
City Hendersonville State NC Zip Code 28791  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **10.00**

Date of Receipt **09 / 14 / 2014**  
**Transaction ID : SA11AI.14942**  
Amount of Each Receipt this Period **10.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Diane Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 Monarch Cove  
City Cedar Park State TX Zip Code 78613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moore and Assoc. Occupation self  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **15.00**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : SA11AI.14984**  
Amount of Each Receipt this Period **15.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>42.76</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 36 OF 95                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Vera W Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 1270  
City hopewell State VA Zip Code 23860  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 17.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2014  
**Transaction ID : SA11AI.14886**  
Amount of Each Receipt this Period 17.76  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Joe Morgan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3106 Crestwood Drive  
City Laurel State MS Zip Code 39440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tempico Manufacturing, Inc Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2014  
**Transaction ID : SA11AI.14918**  
Amount of Each Receipt this Period 50.00  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Florence Naylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 128 E. Columbine Dr  
City Grand Junction State CO Zip Code 81507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2014  
**Transaction ID : SA11AI.14994**  
Amount of Each Receipt this Period 25.00  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 92.76 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Susan Newby</b>  |                                    | Date of Receipt   |
| Mailing Address 4150 NW Tamarack Dr                               |                                    | <input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City  | State                              | Zip Code  |
| Corvallis   | OR                                 | 97330   |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>     | Transaction ID : <b>SA11AI.14914</b>  |
| Name of Employer  | Occupation                         | Amount of Each Receipt this Period  |
| Retired   | Retired RN                         | <input type="text" value="30.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼           | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                          |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="30.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                    |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Edward Ogle Sr</b> |                                    | Date of Receipt   |
| Mailing Address 2706 Holly Ridge Dr                                 |                                    | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City  | State                              | Zip Code  |
| Orange Park   | FL                                 | 32073   |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>     | Transaction ID : <b>SA11AI.14990</b>  |
| Name of Employer  | Occupation                         | Amount of Each Receipt this Period  |
| None  | retired Army                       | <input type="text" value="20.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼           | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                          |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="40.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                    |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ralph Osborn</b> |                                    | Date of Receipt   |
| Mailing Address 13361 Grover St.                                  |                                    | <input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City  | State                              | Zip Code  |
| Omaha   | NE                                 | 68144   |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>     | Transaction ID : <b>SA11AI.14899</b>  |
| Name of Employer  | Occupation                         | Amount of Each Receipt this Period  |
| None  | retired                            | <input type="text" value="25.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼           | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                          |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="26.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                    |   |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="75.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Dianne Padgett**  
Full Name (Last, First, Middle Initial)

Mailing Address 10803 Burgoyne Road

City Houston State TX Zip Code 77042

FEC ID number of contributing federal political committee. **C**

Name of Employer self - PADGETT EXPLORATION Occupation Consulting geophysicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
08 / 23 / 2014  
**Transaction ID : SA11AI.12680**

Amount of Each Receipt this Period  
100.00

**B. Dianne Padgett**  
Full Name (Last, First, Middle Initial)

Mailing Address 10803 Burgoyne Road

City Houston State TX Zip Code 77042

FEC ID number of contributing federal political committee. **C**

Name of Employer self - PADGETT EXPLORATION Occupation Consulting geophysicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
09 / 09 / 2014  
**Transaction ID : SA11AI.13824**

Amount of Each Receipt this Period  
100.00

**C. Phil Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1300

City Brownwood State TX Zip Code 76804

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 14 / 2014  
**Transaction ID : SA11AI.8032**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. John Parsons**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 Wooden Mill Terrace

City Jupiter State FL Zip Code 33458

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11AI.14996**

Amount of Each Receipt this Period  
**50.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Terry Patterson**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 10903

City Fort Worth State TX Zip Code 76114

FEC ID number of contributing federal political committee. **C**

Name of Employer koch trucking Occupation truck driver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **65.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2014  
**Transaction ID : SA11AI.14891**

Amount of Each Receipt this Period  
**20.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. John Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 829

City Rancho Santa Fe State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Peck Enterprises Occupation Real Estate owner/operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : SA11AI.6641**

Amount of Each Receipt this Period  
**1500.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1570.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 40 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Stephen Pelton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36 Boulevard

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Newington | State<br>CT | Zip Code<br>06111 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>R. Pelton Builders, Inc. | Occupation<br>Energy Efficiency/Solar |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 05    | / | 2014        |

**Transaction ID : SA11AI.5930**

Amount of Each Receipt this Period  
250.00

**B. Stephen Pelton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 36 Boulevard

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Newington | State<br>CT | Zip Code<br>06111 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>R. Pelton Builders, Inc. | Occupation<br>Energy Efficiency/Solar |
|--|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.76

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 23    | / | 2014        |

**Transaction ID : SA11AI.14147**

Amount of Each Receipt this Period  
17.76

**C. Kenneth Rasch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1834 Johnson Ave

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Fort Dodge | State<br>IA | Zip Code<br>50501 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                 |                      |
|---------------------------------|----------------------|
| Name of Employer<br>rasch FARMS | Occupation<br>farmer |
|---------------------------------|----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
223.28

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 09    | / | 2014        |

**Transaction ID : SA11AI.13777**

Amount of Each Receipt this Period  
25.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 292.76 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Kenneth Rasch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 Johnson Ave

City Fort Dodge State IA Zip Code 50501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
rasch FARMS farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.04

Date of Receipt  
09 / 13 / 2014  
**Transaction ID : SA11AI.14888**

Amount of Each Receipt this Period  
17.76

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Kenneth Rasch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 Johnson Ave

City Fort Dodge State IA Zip Code 50501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
rasch FARMS farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
258.80

Date of Receipt  
09 / 24 / 2014  
**Transaction ID : SA11AI.14299**

Amount of Each Receipt this Period  
17.76

**C. Kenneth Rasch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 Johnson Ave

City Fort Dodge State IA Zip Code 50501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
rasch FARMS farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.56

Date of Receipt  
09 / 24 / 2014  
**Transaction ID : SA11AI.14415**

Amount of Each Receipt this Period  
17.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 53.28

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Kenneth Rasch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1834 Johnson Ave

City Fort Dodge State IA Zip Code 50501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
rasch FARMS farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.32

Date of Receipt  
09 / 25 / 2014  
**Transaction ID : SA11AI.14528**

Amount of Each Receipt this Period  
17.76

**B. James Rathbone**  
Full Name (Last, First, Middle Initial)

Mailing Address 940 NE Raven Ct.

City Bend State OR Zip Code 97701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 09 / 2014  
**Transaction ID : SA11AI.13833**

Amount of Each Receipt this Period  
250.00

**C. Samuel Richardson**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Kimberly Ct

City columbia State TN Zip Code 38401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
09 / 14 / 2014  
**Transaction ID : SA11AI.14980**

Amount of Each Receipt this Period  
50.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 317.76

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Odette Rosado**  
Full Name (Last, First, Middle Initial)

Mailing Address 4020 Wellington Mist Point

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Duluth | State<br>GA | Zip Code<br>30097 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                          |                         |
|--------------------------|-------------------------|
| Name of Employer<br>none | Occupation<br>homemaker |
|--------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.14970**

Amount of Each Receipt this Period  
25.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. WILLIAM T ROST**  
Full Name (Last, First, Middle Initial)

Mailing Address RR 2 Box 102

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Dahlgren | State<br>IL | Zip Code<br>62828 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                         |
|-----------------------------|-------------------------|
| Name of Employer<br>retired | Occupation<br>Machinist |
|-----------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.14962**

Amount of Each Receipt this Period  
25.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Danny Sadler**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 Lake Mattie Road

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>AUBURNDALE | State<br>FL | Zip Code<br>33823 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                         |                       |
|-------------------------|-----------------------|
| Name of Employer<br>DSI | Occupation<br>builder |
|-------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 18    | / | 2014        |

**Transaction ID : SA11AI.15005**

Amount of Each Receipt this Period  
100.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|   |   |        |
|---|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | ▶ | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Terelyn Santos**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Westerleigh

City San Antonio State TX Zip Code 78218

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation homeschool teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **42.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14947**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Wallace Saunders**  
Full Name (Last, First, Middle Initial)

Mailing Address 624 Hawk Run

City O Fallon State MO Zip Code 63368

FEC ID number of contributing federal political committee. **C**

Name of Employer RET Occupation RET

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14937**

Amount of Each Receipt this Period  
**10.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. James Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 7399 Lenn Lane

City Newburgh State IN Zip Code 47630

FEC ID number of contributing federal political committee. **C**

Name of Employer east side marine Occupation shop foreman/technician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2014  
**Transaction ID : SA11AI.14898**

Amount of Each Receipt this Period  
**25.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>52.76</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 45 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Leslie Sears**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1963 S 17th St E

|             |             |                   |
|-------------|-------------|-------------------|
| City<br>Ely | State<br>NV | Zip Code<br>89301 |
|-------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                         |                          |
|-------------------------|--------------------------|
| Name of Employer<br>N/A | Occupation<br>unemployed |
|-------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **35.52**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.14879**

Amount of Each Receipt this Period  

|       |
|-------|
| 17.76 |
|-------|

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. John Sellers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 903 Short Reach

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Galveston | State<br>TX | Zip Code<br>77554 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                       |                      |
|---------------------------------------|----------------------|
| Name of Employer<br>Sellers Bros. Inc | Occupation<br>Grocer |
|---------------------------------------|----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 07    | / | 2014        |

**Transaction ID : SA11AI.6635**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**C. George Shelton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4124 kingsferry Dr

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Arlington | State<br>TX | Zip Code<br>76016 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                          |                       |
|--------------------------|-----------------------|
| Name of Employer<br>None | Occupation<br>Retired |
|--------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

**Transaction ID : SA11AI.14734**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>767.76</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Ko-Jen Shih**  
Full Name (Last, First, Middle Initial)  
Mailing Address 110 Richmond Ct N  
City Holmdel State NJ Zip Code 07733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orion System Integrators Occupation Engineer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14905**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Barbara Singleton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2601 Marsh Lane 331  
City Plano State TX Zip Code 75093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Public school Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **09 / 18 / 2014**  
**Transaction ID : SA11AI.15003**  
Amount of Each Receipt this Period **50.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. george h singleton**  
Full Name (Last, First, Middle Initial)  
Mailing Address p o box 717  
City waxahachie State TX Zip Code 75168  
FEC ID number of contributing federal political committee. **C**  
Name of Employer cnb of texas Occupation banker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 19 / 2014**  
**Transaction ID : SA11AI.11583**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **325.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Joyce Skelton</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2014<br><b>Transaction ID : SA11AI.14973</b> |
| Mailing Address 3400 Riverland Road   |  | Amount of Each Receipt this Period<br>35.00   |
| City<br>Moss Point  | State<br>MS  | Zip Code<br>39562   |
| FEC ID number of contributing federal political committee.<br>C   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657 |   |
| Name of Employer<br>n/a   | Occupation<br>Retired Registered Nurse                                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>45.00  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. David R. Smith</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14903</b> |
| Mailing Address 1860 Balzac Dr  |  | Amount of Each Receipt this Period<br>25.00   |
| City<br>Las Vegas   | State<br>NV  | Zip Code<br>89156   |
| FEC ID number of contributing federal political committee.<br>C   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657 |   |
| Name of Employer<br>Self  | Occupation<br>Retired  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>25.00  |   |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Edward Smith</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 04 / 2014<br><b>Transaction ID : SA11AI.9102</b> |
| Mailing Address 6109 Stonehaven Dr  |                                    | Amount of Each Receipt this Period<br>100.00   |
| City<br>Nashville   | State<br>TN                        | Zip Code<br>37215  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Retired   | Occupation<br>Retired              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 48 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Edward Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6109 Stonehaven Dr  
City Nashville State TN Zip Code 37215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 23 / 2014**  
**Transaction ID : SA11AI.14278**  
Amount of Each Receipt this Period **100.00**

**B. Todd Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 Lake Ave S  
City Battle Lake State MN Zip Code 56515  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Area Lakes Dental, LLC Occupation Self Employed  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 07 / 2014**  
**Transaction ID : SA11AI.6639**  
Amount of Each Receipt this Period **1000.00**

**C. Norman Sobrien**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Sunny Meadow Dr  
City Bakersfield State CA Zip Code 93308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HWMCGC Occupation Facilities Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **10.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14875**  
Amount of Each Receipt this Period **10.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **1110.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 49 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Margaret S Spanyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22489 Price Grubbs Rd  
 City State Zip Code  
 Robertsdale AL 36567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed/semi-retired nurse  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2014  
**Transaction ID : SA11AI.14908**  
 Amount of Each Receipt this Period  
 25.00  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Shelley Sparks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 White Oak Drive  
 City State Zip Code  
 Plainfield IN 46168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brownsburg Schools Elementary teacher  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014  
**Transaction ID : SA11AI.14968**  
 Amount of Each Receipt this Period  
 25.00  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**c. Maryann H Stanton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106&1/2 Gwin Street  
 City State Zip Code  
 Greenwood MS 38930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 17.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2014  
**Transaction ID : SA11AI.14882**  
 Amount of Each Receipt this Period  
 17.76  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.76  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Franklin Steiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2449 Main St

City sarasota State FL Zip Code 34237

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 14 / 2014**

**Transaction ID : SA11AI.14936**

Amount of Each Receipt this Period  
**10.00**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. chris stinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8228 south 350 east

City lafayette State IN Zip Code 47909

FEC ID number of contributing federal political committee. **C**

Name of Employer sia Occupation autoworker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **17.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 13 / 2014**

**Transaction ID : SA11AI.14884**

Amount of Each Receipt this Period  
**17.76**

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Kimberly Strickland**  
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Hilcroft Suite 420

City Houston State TX Zip Code 77057

FEC ID number of contributing federal political committee. **C**

Name of Employer Hartman Income REIT Occupation CEO of hartman income REIT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : SA11AI.7027**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **527.76**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Tim Swigor**

Mailing Address 126 Front St

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014

**Transaction ID : SA11AI.5249**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Brad Tangen**

Mailing Address 606 Greg Drive

City Paragould State AR Zip Code 72450

FEC ID number of contributing federal political committee. **C**

Name of Employer Paxton media Occupation temporarily unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014

**Transaction ID : SA11AI.14978**

Amount of Each Receipt this Period  
50.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**C. wayne updike**

Mailing Address 144 bridgeport dr.

City mooreville State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation none

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2014

**Transaction ID : SA11AI.14950**

Amount of Each Receipt this Period  
17.76

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 317.76 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 52 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dee Voelkel</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14916</b> |
| Mailing Address 151 Manningham Dr   |                                   | Amount of Each Receipt this Period<br>50.00   |
| City<br>Madison   | State<br>AL                       | Zip Code<br>35758   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Name of Employer<br>None  | Occupation<br>Homemaker           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>50.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Rose Wakemen</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14880</b> |
| Mailing Address 23 Silver Birch Road  |                                   | Amount of Each Receipt this Period<br>17.76   |
| City<br>Turnersville  | State<br>NJ                       | Zip Code<br>08012   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Name of Employer<br>N/A   | Occupation<br>retired             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>42.76 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Brandon Walker</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 16 / 2014<br><b>Transaction ID : SA11AI.14998</b> |
| Mailing Address 728 Quincy Ave  |                                    | Amount of Each Receipt this Period<br>177.60  |
| City<br>Clovis  | State<br>CA                        | Zip Code<br>93619   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Name of Employer<br>Self  | Occupation<br>Farmer               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>177.60 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 245.36 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 53 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rodney Walker</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2014<br><b>Transaction ID : SA11AI.14964</b> |
| Mailing Address 4230 S.E. King Road, #299   |                                   | Amount of Each Receipt this Period<br>25.00   |
| City<br>Milwaukie   | State<br>OR                       | Zip Code<br>97222   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Name of Employer<br>Pacific Metering  | Occupation<br>Electrical Engineer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>35.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mike Walton</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14876</b> |
| Mailing Address 5477 Conway   |                                   | Amount of Each Receipt this Period<br>10.00   |
| City<br>Chelsea   | State<br>MI                       | Zip Code<br>48118   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Name of Employer<br>FedEx   | Occupation<br>courier             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>30.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ronald Watson</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11AI.14892</b> |
| Mailing Address 6404 Pontiac Dr.  |                                   | Amount of Each Receipt this Period<br>20.00   |
| City<br>North Little Rock   | State<br>AR                       | Zip Code<br>72116   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657                |
| Name of Employer<br>Self  | Occupation<br>HVACR               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>20.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 55.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Frances Weber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 173 Theodore Drive  
City Coram State NY Zip Code 11727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **75.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14893**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Frank Whitcomb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 354 Bay point Rd.  
City Sunapee State NH Zip Code 03782  
FEC ID number of contributing federal political committee. **C**  
Name of Employer frank W. Whitcomb Const. Corp. Occupation Executive  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 20 / 2014**  
**Transaction ID : SA11AI.12070**  
Amount of Each Receipt this Period **250.00**

**C. Hazel Whitman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41329 Lagoon ct.  
City Northville State MI Zip Code 48167  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **35.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14909**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 55 OF 95   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Walter Wild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41-473 Kalaniana'ole Hwy.  
City Waimanalo State HI Zip Code 96795  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 24 / 2014**  
**Transaction ID : SA11AI.8730**  
Amount of Each Receipt this Period  
**100.00**

**B. Walter Wild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41-473 Kalaniana'ole Hwy.  
City Waimanalo State HI Zip Code 96795  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **400.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 05 / 2014**  
**Transaction ID : SA11AI.9459**  
Amount of Each Receipt this Period  
**100.00**

**C. Walter Wild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41-473 Kalaniana'ole Hwy.  
City Waimanalo State HI Zip Code 96795  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 08 / 2014**  
**Transaction ID : SA11AI.9641**  
Amount of Each Receipt this Period  
**100.00**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. Walter Wild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-473 Kalaniana'ole Hwy.  
 City Waimanalo State HI Zip Code 96795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 13 / 2014  
**Transaction ID : SA11AI.14921**  
 Amount of Each Receipt this Period 50.00  
 Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Walter Wild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-473 Kalaniana'ole Hwy.  
 City Waimanalo State HI Zip Code 96795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 16 / 2014  
**Transaction ID : SA11AI.13930**  
 Amount of Each Receipt this Period 50.00

**C. Walter Wild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-473 Kalaniana'ole Hwy.  
 City Waimanalo State HI Zip Code 96795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 25 / 2014  
**Transaction ID : SA11AI.14583**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. JACK WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 N. EL CAMINO REAL  
SPC123

City ENCINITAS State CA Zip Code 92024

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
08 / 23 / 2014  
**Transaction ID : SA11AI.12670**

Amount of Each Receipt this Period  
50.00

**B. MARY WOLLAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 4900 HILLARD AVENUE

City LA CANADA State CA Zip Code 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
09 / 14 / 2014  
**Transaction ID : SA11AI.14958**

Amount of Each Receipt this Period  
25.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**C. Diane Woodard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1616 Dandridge ST SW

City Decatur State AL Zip Code 35601

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation bookkeeper

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.28

Date of Receipt  
08 / 26 / 2014  
**Transaction ID : SA11AI.12955**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 58 OF 95   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Diane Woodard</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2014<br><b>Transaction ID : SA11Al.14896</b> |
| Mailing Address 1616 Dandridge ST SW  |  | Amount of Each Receipt this Period<br>25.00   |
| City<br>Decatur   | State<br>AL  | Zip Code<br>35601   |
| FEC ID number of contributing federal political committee.<br>C   | Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657 |   |
| Name of Employer<br>retired   | Occupation<br>bookkeeper   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>263.28   |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Diane Woodard</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 25 / 2014<br><b>Transaction ID : SA11Al.14607</b> |
| Mailing Address 1616 Dandridge ST SW  |                                    | Amount of Each Receipt this Period<br>25.00   |
| City<br>Decatur   | State<br>AL                        | Zip Code<br>35601   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>retired   | Occupation<br>bookkeeper           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.28 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Diane Woodard</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 29 / 2014<br><b>Transaction ID : SA11Al.14768</b> |
| Mailing Address 1616 Dandridge ST SW  |                                    | Amount of Each Receipt this Period<br>17.76   |
| City<br>Decatur   | State<br>AL                        | Zip Code<br>35601   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>retired   | Occupation<br>bookkeeper           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>306.04 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 67.76 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 OF 95                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

**A. William Wortman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 53100 E. 340 Rd.  
City Jay State OK Zip Code 74346  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14911**  
Amount of Each Receipt this Period **25.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**B. Helen and Steve Young**  
Full Name (Last, First, Middle Initial)  
Mailing Address Kirkwood Highway  
City Newark State DE Zip Code 19711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **212.60**

Date of Receipt **08 / 30 / 2014**  
**Transaction ID : SA11AI.13238**  
Amount of Each Receipt this Period **35.00**

**C. Helen Young Young**  
Full Name (Last, First, Middle Initial)  
Mailing Address Kirkwood Highway  
City Newark State DE Zip Code 19711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/A Occupation retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **150.00**

Date of Receipt **09 / 13 / 2014**  
**Transaction ID : SA11AI.14912**  
Amount of Each Receipt this Period **30.00**  
Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 95  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)  
**A. patrick young**

Mailing Address 830 cindy drive

City Paducah      State KY      Zip Code 42003

FEC ID number of contributing federal political committee. **C**

Name of Employer None      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2014  
**Transaction ID : SA11AI.14929**

Amount of Each Receipt this Period  
100.00

Earmarked contribution for Friends of Chris McDaniel, committee ID C00550657

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 100.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 20366.12 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. Campaign Solutions**

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Email deployment

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4688**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Campaign Solutions**

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Email deployment

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4694**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Campaign Solutions**

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Email deployment and donation processing fees

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4698**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. CD Inc.**

Mailing Address P.O. Box 1877

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Advertising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4700**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DB Capitol Strategies, PLLC**

Mailing Address 203 South Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4686**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DB Capitol Strategies, PLLC**

Mailing Address 203 South Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4691**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. DB Capitol Strategies, PLLC**

Mailing Address 203 South Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Legal and compliance services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4697**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Navjar Law Firm**

Mailing Address 4151 Southwest Freeway  
Suite 625

City Houston State TX Zip Code 77027

Purpose of Disbursement  
Legal research and drafting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4693**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SCM Enterprises**

Mailing Address 203 S Union St  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Digital fundraising consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4696**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Political contribution

011

Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Primary challenge

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB23.4685**

Amount of Each Disbursement this Period

1776.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Russell Abel

008

Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15100**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Vivian Clark

008

Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15101**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1796.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Marjorie Horst

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15102**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Norman Sobrien

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15103**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Mike Walton

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15104**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from John England

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15105**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from DON MCKINNON

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15106**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Leslie Sears

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15107**

Amount of Each Disbursement this Period

17.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

47.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Rose Wakeman

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15108**

Amount of Each Disbursement this Period

17.76

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Maryann H Stanton

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15109**

Amount of Each Disbursement this Period

17.76

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from chris stinson

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15110**

Amount of Each Disbursement this Period

17.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

53.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from SAM KIRBY

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15111

Amount of Each Disbursement this Period

17.76

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Vera W Moore

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15112

Amount of Each Disbursement this Period

17.76

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Donald Martin

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15113

Amount of Each Disbursement this Period

17.76

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

53.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Kenneth Beach

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15114

Amount of Each Disbursement this Period

17.76

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Vicki Lopez

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15115

Amount of Each Disbursement this Period

17.76

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from terry patterson

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15116

Amount of Each Disbursement this Period

20.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55.52



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from Diane Woodard

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15120

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from James Scott

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15121

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from Ralph Osborn

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15122

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 5 | . | 0 | 0 |
|---|---|---|---|---|

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 5 | . | 0 | 0 |
|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from  
~~Lemover Anastle~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15123

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from David R.  
~~Smith~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15124

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Ko-Jen  
~~Shih~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15125

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 5 | . | 0 | 0 |
|---|---|---|---|---|

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|  |  |  |  |  |
|--|--|--|--|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Pat Lewis

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2014      |

**Transaction ID : SB23.15126**

Amount of Each Disbursement this Period

|       |
|-------|
| 25.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Ronald Lewis

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2014      |

**Transaction ID : SB23.15127**

Amount of Each Disbursement this Period

|       |
|-------|
| 25.00 |
|-------|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Margaret S. Spanner

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2014      |

**Transaction ID : SB23.15128**

Amount of Each Disbursement this Period

|       |
|-------|
| 25.00 |
|-------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|       |
|-------|
| 75.00 |
|-------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Hazel Whitman

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15129**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from William Wortman

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15130**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Helen Young Young

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15131**

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

80.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Susan Newby

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15132**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Dee Vogel

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15133**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Joe Morgan

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15134**

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

130.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Joe B Durrett

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15135

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Walter White

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15136

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Leonard Metildi

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15137

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

150.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Gilbert Mathews

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15138**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from James Dezaucha

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15139**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Lawrence Farber

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15140**

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from patrick young

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15141**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Robert Gaul

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15142**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from James Gully

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15143**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

120.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Robert  
Canns

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15144**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Franklin  
Steiner

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15145**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Wallace  
Saunders

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15146**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Sarah Aronson

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15147**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Lydia Ferrall

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15148**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Alan Mizera

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15149**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Terelyn Santos

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15153

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Wallace Bowen

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15154

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from wayne undke

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15155

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | . | 2 | 8 |
|---|---|---|---|---|

|  |  |   |  |  |
|--|--|---|--|--|
|  |  | . |  |  |
|--|--|---|--|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from david miller

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15156

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from Al Reimbridge

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15157

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from James Canon

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15158

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | . | 2 | 8 |
|---|---|---|---|---|

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|  |  | . |  |  |
|--|--|---|--|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Betty ~~Racoff~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15159

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from phyllis ~~johnson~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15160

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Huda ~~Bragalone~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15161

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 7 | . | 7 | 6 |
|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | . | 2 | 8 |
|---|---|---|---|---|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Diane <sup>Hitt</sup>

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) **Primary challenge**  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15162**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Mary <sup>William</sup>

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) **Primary challenge**  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15163**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Carl May

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) **Primary challenge**  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15164**

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

70.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from  
~~WILLIAM T. POST~~  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15165**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Thomas  
~~Lozwick~~  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15166**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Rodney  
~~Walker~~  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15167**

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

75.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from  
~~RICHARD BROOKE~~  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15168**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Shelley  
~~Sparks~~  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15169**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Odette  
~~Rosado~~  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15170**

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

75.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Karl Kluge

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15171

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 2 | 7 | . | 7 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Joyce Skelton

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15172

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 5 | . | 0 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Benjamin Blumberg

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 4 |   |   |

Transaction ID : SB23.15173

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 0 | . | 0 | 0 |
|---|---|---|---|---|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 1 | 2 | . | 7 | 6 |
|---|---|---|---|---|---|

**TOTAL** This Period (last page this line number only)..... ▶

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 1 | 2 | . | 7 | 6 |
|---|---|---|---|---|---|



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Jerry Harrison

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15177

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Philip Battaglia

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15178

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Diane Moore

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB23.15179

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Daniel Coleman

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2014      |

Transaction ID : SB23.15180

Amount of Each Disbursement this Period

|       |
|-------|
| 17.76 |
|-------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Pamela Jones

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2014      |

Transaction ID : SB23.15181

Amount of Each Disbursement this Period

|       |
|-------|
| 17.76 |
|-------|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Stanley Kolniak

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 19    |   | 2014      |

Transaction ID : SB23.15182

Amount of Each Disbursement this Period

|       |
|-------|
| 17.76 |
|-------|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

|       |
|-------|
| 53.28 |
|-------|

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|  |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from John  
~~Parsons~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15186**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Brandon  
~~Walker~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15187**

Amount of Each Disbursement this Period

177.60

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement  
Earmarked contribution forwarded to Friends of Chris McDaniel from Peter  
~~Jackson~~

Candidate Name  
**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MS District: 00 Primary challenge

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **SB23.15188**

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

237.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from Lydia Lynne C. Fuller Fuller  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15189**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from Barbara Singleton  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15190**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHRIS MCDANIEL**

Mailing Address POST OFFICE BOX 125

City LAUREL State MS Zip Code 39441

Purpose of Disbursement Earmarked contribution forwarded to Friends of Chris McDaniel from Danny Sadler  
Candidate Name

**CHRISTOPHER BRIAN MCDANIEL**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) Primary challenge  
State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : SB23.15191**

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

175.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. RICKPAC**

Mailing Address PO BOX 2735

City AUSTIN State TX Zip Code 78768

Purpose of Disbursement  
Political contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2014

Transaction ID : SB23.4690

Amount of Each Disbursement this Period

1776.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1776.00

6273.08