

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Conservative Action Fund

ADDRESS (number and street) ▼

203 South Union Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00496505

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
05 01 2016 05 31 2016

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

Type or Print Name of Treasurer Dan Backer Esq.

Signature of Treasurer Dan Backer Esq.

[Electronically Filed]

Date

06

20

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">3458.29</td></tr></table>	3458.29				
Y	Y	Y	Y	Y													
2016																	
3458.29																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">3864.14</td></tr></table>	3864.14															
3864.14																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">2691.00</td></tr></table>	2691.00					<table><tr><td colspan="5">24848.92</td></tr></table>	24848.92									
2691.00																	
24848.92																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">6555.14</td></tr></table>	6555.14					<table><tr><td colspan="5">28307.21</td></tr></table>	28307.21									
6555.14																	
28307.21																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">3341.57</td></tr></table>	3341.57					<table><tr><td colspan="5">25093.64</td></tr></table>	25093.64									
3341.57																	
25093.64																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">3213.57</td></tr></table>	3213.57					<table><tr><td colspan="5">3213.57</td></tr></table>	3213.57									
3213.57																	
3213.57																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">7500.00</td></tr></table>	7500.00															
7500.00																	



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 01 2016

To:

M M / D D / Y Y Y Y Y
05 31 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250.00

3467.00

(ii) Unitemized

2441.00

18945.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2691.00

22412.32

(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) ►

2691.00

22412.32

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.).....

0.00

2436.60

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))..... ►

2691.00

24848.92

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

2691.00

24848.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	2037.57	20714.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2037.57	20714.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	153.00	668.00
24. Independent Expenditures (use Schedule E)	0.00	788.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	500.00	1500.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1.00	97.76
(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)).....	1.00	97.76
29. Other Disbursements	650.00	1325.00
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)) ..	3341.57	25093.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3341.57	25093.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2691.00	22412.32
34. Total Contribution Refunds (from Line 28(d))	1.00	97.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2690.00	22314.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2037.57	20714.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2037.57	20714.38

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

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

FOR LINE NUMBER: PAGE 6 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

Full Name (Last, First, Middle Initial) A. JAMES RADCLIFFE			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2016	
Mailing Address 100 PASSAIC AVENUE SUITE 220			Transaction ID : SA11A.309472	
City FAIRFIELD	State NJ	Zip Code 07004-3508	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION		
Name of Employer DENTISTRY TODAY		Occupation SALES		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B.			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period 	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 		

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period 	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 		

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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
LIST RENTAL FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2016
Transaction ID : SB21B.I84722

Amount of Each Disbursement this Period

33.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONNELL DONATELLI, INCMailing Address 1415 L ST
#430

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
FACEBOOK ADVERTISING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2016
Transaction ID : SB21B.I85167

Amount of Each Disbursement this Period

908.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIESMailing Address 203 SOUTH UNION ST STE 300
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2016
Transaction ID : SB21B.I85164

Amount of Each Disbursement this Period

774.54

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1716.31

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

Conservative Action Fund

A. STAPLES

Category/
Type

706.52

 Memo Item

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. USPS

Category/
Type

68.00

 Memo Item

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. EDONATION

Category/
Type

177.65

 Memo Item

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

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

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

177.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2016
Transaction ID : SB21B.I84721

Amount of Each Disbursement this Period

47.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2016
Transaction ID : SB21B.I85160

Amount of Each Disbursement this Period

51.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016
Transaction ID : SB21B.I85161

Amount of Each Disbursement this Period

42.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. TRANSAXTMailing Address 190 MONROE AVENUE NW
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 01 / 2016**Transaction ID : SB21B.I85159**

Amount of Each Disbursement this Period

2.51

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2.51

2037.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM JERRY HILL

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85168

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM FRANK KENNEMUR

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85169

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM JOHN MCCALL

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85170

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM BARRY GOLDSMITH

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85171

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM ROBERT HEIGHT

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85172

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM BOBBY AUSTIN

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85173

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM WILLIAM DAVIES

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85174

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM LEROY MILLER

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85175

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WARD FOR SENATEMailing Address 1990 MCCULLOCH BLVD N
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM FELIX SLETTE

Candidate Name

KELLI WARDOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.I85176

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. WALLACE, JORDAN, RATLIFF, & BRANDT, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Mailing Address 800 SHADES CREEK PKWY
#400

City BIRMINGHAM State AL Zip Code 35209

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Category/
Type**Transaction ID : SB26.I85162**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

500.00

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
CAREY ACCT: HOSTING FEE

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Transaction ID : SB29.I85163

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIESMailing Address 203 SOUTH UNION ST STE 300
SUITE 300

City	State	Zip Code
ALEXANDRIA	VA	22314-3356

Purpose of Disbursement
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SB29.I85267

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CAREY ACCT: COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SB29.I85268

Amount of Each Disbursement this Period

500.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

650.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Conservative Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wallace, Jordan, Ratliff & Brandt, LLC

Nature of Debt (Purpose):

Legal services

Mailing Address 800 SHADES CREEK PKWY
#400City State Zip Code
BIRMINGHAM AL 35209

Outstanding Balance Beginning This Period

8000.00

Transaction ID : 201601311

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

7500.00

2) **TOTALS** This Period (last page this line number only)..... ►

7500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

7500.00