

**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 MAJORITY FUND

ADDRESS (number and street)

2776 S ARLINGTON MILL DR #806

Check if different  
than previously  
reported. (ACC)

ATTN: SCOTT B MACKENZIE

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524454

3. IS THIS  
REPORTNEW  
(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

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

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

MACKENZIE, SCOTT B, ,

Type or Print Name of Treasurer

Signature of Treasurer

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		8816.68
(b) Cash on Hand at Beginning of Reporting Period.....	106335.15	
(c) Total Receipts (from Line 19) .....	131950.41	960892.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	238285.56	969709.52
7. Total Disbursements (from Line 31).....	162800.56	894224.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75485.00	75485.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	1	6		

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).....	15850.00	70252.00
(ii) Unitemized .....	114663.63	881721.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	130513.63	951973.91
(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) .....	130513.63	951973.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	300.00
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.).....	1436.78	8618.93
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)) .....	131950.41	960892.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	131950.41	960892.84

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	12222.90	141172.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12222.90	141172.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	2900.00
24. Independent Expenditures (use Schedule E) .....	148777.66	745467.47
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	800.00	1100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	85.00
(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)).....	0.00	85.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3500.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	162800.56	894224.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	162800.56	894224.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	130513.63	951973.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	130513.63	951888.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	12222.90	141172.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	12222.90	141172.05

# **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 62  
(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ALSTADT 151, NANCY A, , MS,**

Mailing Address 1918 FRANKLIN PL

City  
MOON TOWNSHIP

State  
PA

Zip Code  
15108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 07 / 2016

Transaction ID : SA11AI.39590

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ANASTASIOU 070, CHARLES, , MR,**

Mailing Address 14 BRANDYWINE CT

City  
SCOTCH PLAINS

State  
NJ

Zip Code  
07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROES FARGO ADVISRS

Occupation (for Individual)  
FINIANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 07 / 2016

Transaction ID : SA11AI.39596

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AUGUST 800, GLORIA T, , MS,**

Mailing Address 536 HOPTREE CT

City  
LOUISVILLE

State  
CO

Zip Code  
80027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROYAL PACIFIC SOUND LLC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 03 / 2016

Transaction ID : SA11AI.39668

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AVEN 766, SHIRLEY, , MS,**

Mailing Address PO BOX 2144

City  
WHITNEY

State  
TX

Zip Code  
76692

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
RETAIL STORE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2016

Transaction ID : SA11AI.39675

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BARRY 190, JOHN E, , MR,**

Mailing Address 543 CYNWYD CIR

City

BALA CYNWYD

State

PA

Zip Code

19004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2016

Transaction ID : SA11AI.39771

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BASS 302, DONALD, , MR,**

Mailing Address 240 JACKSON ST

City

NEWNAN

State

GA

Zip Code

30263

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COWITA MEDICAL CENTER

Occupation (for Individual)  
HEALTH CARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2016

Transaction ID : SA11AI.39779

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

325.00

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

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

FOR LINE NUMBER: PAGE 8 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BLIXT 147, BETTY LOU, , MS,**

Mailing Address 524 CHARLES ST

City  
JAMESTOWN

State  
NY

Zip Code  
14701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2016

Transaction ID : SA11AI.39912

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOARD 358, DENNIS E, , MR,**

Mailing Address 10302 LEICESTER DR SW

City  
HUNTSVILLE

State  
AL

Zip Code  
35803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Transaction ID : SA11AI.39918

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOGNAR 152, NADINE, , MS,**

Mailing Address 742 PINOAK RD

City  
PITTSBURGH

State  
PA

Zip Code  
15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOGNAR & CO

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2016

Transaction ID : SA11AI.39923

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

325.00



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

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

FOR LINE NUMBER: PAGE 9 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRADBURY 223, JACQUELINE, , MS,**

Mailing Address 845 N VAN DORN ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHERRYDALE HARDWARE

Occupation (for Individual)  
RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2016

Transaction ID : SA11AI.39968

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BROWN 395, JOYCE, , MS,**

Mailing Address 10661 OAK CREST DR N

City  
BILOXI

State  
MS

Zip Code  
39532

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Transaction ID : SA11AI.40034

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BYRD 200, JERRY S, , MR,**

Mailing Address 2110 T ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2016

Transaction ID : SA11AI.40137

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 10 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CAIN 208, ELEANOR, , MS,**

Mailing Address 11725 PINEY MEETINGHOUSE RD

City  
POTOMAC

State  
MD

Zip Code  
20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2016

Transaction ID : SA11AI.40143

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARLTON 338, CAREY F, , MR,**

Mailing Address PO BOX 1986

City  
SEBRING

State  
FL

Zip Code  
33871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
CATTLE RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA11AI.40181

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARROLL 786, PAUL W, , MR,**

Mailing Address 6483 US HIGHWAY 90A E

City  
GONZALES

State  
TX

Zip Code  
78629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2016

Transaction ID : SA11AI.40194

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

290.00

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

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

FOR LINE NUMBER: PAGE 11 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CASTLE 640, LINDA S., MS,**

Mailing Address 816 NE ORCHARD DR

City  
LEES SUMMIT

State  
MO

Zip Code  
64063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 22 / 2016

Transaction ID : SA11AI.40215

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAVALLINO 700, MARVIN., MR,**

Mailing Address 801 RUE DAUPHINE  
APT 235

City  
METAIRIE

State  
LA

Zip Code  
70005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 18 / 2016

Transaction ID : SA11AI.40228

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COCHRANE 280, WILLIAM., MR,**

Mailing Address 1506 12TH FAIRWAY DR NW

City  
CONCORD

State  
NC

Zip Code  
28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 07 / 2016

Transaction ID : SA11AI.40307

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

400.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COLGROVE 719, JUDITH, , MS,**

Mailing Address 200 MILLBRANCH CT

City  
HOT SPRINGS NATION

State  
AR

Zip Code  
71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2016

Transaction ID : SA11AI.40321

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COONE 374, JANICE, , MS,**

Mailing Address 3538 CLAREMONT AVE

City  
EAST RIDGE

State  
TN

Zip Code  
37412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.40363

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COPELAND 229, JAMES, , MR,**

Mailing Address 5763 ST GEORGE AVE

City  
CROZET

State  
VA

Zip Code  
22932

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.40367

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1150.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COYNE 681, SALLY, , MS,**

Mailing Address 845 N 143RD PLZ

City  
OMAHA

State  
NE

Zip Code  
68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2016

Transaction ID : SA11AI.40390

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CUMMINGS 606, MARK F, , MR,**

Mailing Address 6123 N FRANCISCO AVE

City  
CHICAGO

State  
IL

Zip Code  
60659

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REFUSED

Occupation (for Individual)  
REFUSED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA11AI.40416

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DEDVUKAJ 483, VASEL, , MR,**

Mailing Address 857 STONY LAKE CT

City  
OXFORD

State  
MI

Zip Code  
48371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REFUSED

Occupation (for Individual)  
REFUSED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2016

Transaction ID : SA11AI.40501

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

220.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DENNEY 281, ROBERT, , MR,**

Mailing Address 112 CANOPY CT

City  
MOORESVILLE

State  
NC

Zip Code  
28115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REFUSED

Occupation (for Individual)  
REFUSED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.40511

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DODGE 722, LINNIE M, , MS,**

Mailing Address 14300 CHENAL PKWY  
APT 7010

City  
LITTLE ROCK

State  
AR

Zip Code  
72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2016

Transaction ID : SA11AI.40561

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DONOVAN 119, JOSEPH, , MR,**

Mailing Address 11 SCOTT DR E

City  
WESTHAMPTON

State  
NY

Zip Code  
11977

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

Transaction ID : SA11AI.40573

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ECKER 953, PATTY, , MRS,**

Mailing Address 519 TIMMIE LN

City  
WATERFORD

State  
CA

Zip Code  
95386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.40641

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FEARON 640, RALPH L, , MR,**

Mailing Address 1428 SW LOGOS DR

City  
LEES SUMMIT

State  
MO

Zip Code  
64081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA11AI.40762

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FENNELL 615, BOB, , MR,**

Mailing Address 1701 W BRISTOL HOLLOW RD

City  
DUNLAP

State  
IL

Zip Code  
61525

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JT FENNELL COMPANY INC

Occupation (for Individual)  
STRUCTURAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Transaction ID : SA11AI.40773

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FINCH 435, PATRICIA A, , MS,**

Mailing Address 43 WOLF RIDGE DR

City  
HOLLAND

State  
OH

Zip Code  
43528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROFESSIONAL SKILLS INSTITUTE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

**Transaction ID : SA11AI.40786**

Amount of Each Receipt this Period

265.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLEMING 641, VERNON M, , MR,**

Mailing Address 5401 NW FOXHILL RD

City  
PARKVILLE

State  
MO

Zip Code  
64152

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2016

**Transaction ID : SA11AI.40814**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FORSYTHE 283, GLENN, , MR,**

Mailing Address 1603 DIPLOMAT DR

City  
FAYETTEVILLE

State  
NC

Zip Code  
28304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

**Transaction ID : SA11AI.40856**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

465.00



# **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 62  
(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FOSTER 933, SUSAN, , MRS,**

Mailing Address 10708 SUNSET CANYON DR

City  
BAKERSFIELD

State  
CA

Zip Code  
93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2016

Transaction ID : SA11AI.40857

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FOX 435, MARY, , MS,**

Mailing Address 30171 WATERFORD DR

City  
PERRYSBURG

State  
OH

Zip Code  
43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2016

Transaction ID : SA11AI.40862

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FRONING 385, JOHN J, , MR,**

Mailing Address 4044 LONE WOLF CIR

City  
CROSSVILLE

State  
TN

Zip Code  
38572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2016

Transaction ID : SA11AI.40895

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 18 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GAGLIOTI 070, BARBARA, , MS,**

Mailing Address 22 GLENVIEW DR

City  
WARREN

State  
NJ

Zip Code  
07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA11AI.40930

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GARZA 232, YSIDORE, , ,**

Mailing Address 7814 ANTIONETTE DR

City  
RICHMOND

State  
VA

Zip Code  
23227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.40970

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GIBSON 127, LISA S, , MS,**

Mailing Address 56 TREETOPS TRL

City  
BLOOMINGBURG

State  
NY

Zip Code  
12721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ORAGE REGIONAL MEDICAL CENTER

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

Transaction ID : SA11AI.41007

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

475.00

# **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 19 OF 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOEKEN 770, FRANCES M, , MS,**

Mailing Address 1614 POTOMAC DR

City  
HOUSTON

State  
TX

Zip Code  
77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2016

**Transaction ID : SA11AI.41055**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GREGORY 115, JAMES J, , MR,**

Mailing Address 243 SYDNEY AVE

City  
MALVERNE

State  
NY

Zip Code  
11565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2016

**Transaction ID : SA11AI.41139**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GREGORY 326, BURTIS M, , MR,**

Mailing Address 794 NE 521ST ST

City  
OLD TOWN

State  
FL

Zip Code  
32680

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2016

**Transaction ID : SA11AI.41140**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

170.00

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

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

FOR LINE NUMBER: PAGE 20 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GRETH 196, DAVID, , MR,**

Mailing Address 1 CARAMIST DR

City  
SINKING SPRING

State  
PA

Zip Code  
19608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

Transaction ID : SA11AI.41141

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRETH 196, DAVID, , MR,**

Mailing Address 1 CARAMIST DR

City  
SINKING SPRING

State  
PA

Zip Code  
19608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.41142

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARDHAM 996, VIRGINIA, , MS,**

Mailing Address PO BOX 2046

City  
PALMER

State  
AK

Zip Code  
99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016

Transaction ID : SA11AI.41243

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 21 OF 62  
(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HARRIS 922, LINDA, , MS,**

Mailing Address 77699 MARLOWE CT

City  
PALM DESERT

State  
CA

Zip Code  
92211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2016

Transaction ID : SA11AI.41267

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HERBRUCK 298, DOROTHY, , MRS,**

Mailing Address 418 COLLETON AVE SE

City  
AIKEN

State  
SC

Zip Code  
29801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.41364

Amount of Each Receipt this Period

110.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOCKMAN 226, MARTHA K, , MS,**

Mailing Address 1069 FRONT ROYAL PIKE

City  
WINCHESTER

State  
VA

Zip Code  
22602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2016

Transaction ID : SA11AI.41433

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

310.00

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

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

FOR LINE NUMBER: PAGE 22 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOOKER 764, ALICE J, , MS,**

Mailing Address PO BOX 2049

City  
ALBANY

State  
TX

Zip Code  
76430

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
FARMER/RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2016

Transaction ID : SA11AI.41463

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUGHES 351, PATSY, , MS,**

Mailing Address 6434 PINE TREE LN

City  
PINSON

State  
AL

Zip Code  
35126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Transaction ID : SA11AI.41498

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JEMAIL 954, ELIZABETH, , MS,**

Mailing Address 340 MOUNTAIN VISTA CT

City  
SANTA ROSA

State  
CA

Zip Code  
95409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2016

Transaction ID : SA11AI.41578

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 23 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JENKINS 300, JOHN, , MR,**

Mailing Address 1120 CHESTNUT HILL CIR SW

City  
MARIETTA

State  
GA

Zip Code  
30064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.41579

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JENSEN 850, RAYMOND L, , MR,**

Mailing Address 1314 W DEER CREEK RD

City  
PHOENIX

State  
AZ

Zip Code  
85045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2016

Transaction ID : SA11AI.41584

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JOHNSON 454, RUTH E, , MS,**

Mailing Address 4210 LESHAR DR  
APT 1

City  
KETTERING

State  
OH

Zip Code  
45429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2016

Transaction ID : SA11AI.41607

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 24 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JOHNSON 891, VIRGINIA M, , MS,**

Mailing Address 7495 W CHARLESTON BLVD APT 24

City  
LAS VEGAS

State  
NV

Zip Code  
89117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA11AI.41618

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JONES 751, EARLE, , MR,**

Mailing Address 934 GREEN ROCK DR

City  
DUNCANVILLE

State  
TX

Zip Code  
75137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Transaction ID : SA11AI.41647

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JONES 940, PEGGY B, , MS,**

Mailing Address 862 CHILTERN RD

City  
HILLSBOROUGH

State  
CA

Zip Code  
94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Transaction ID : SA11AI.41651

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

280.00



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

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

FOR LINE NUMBER: PAGE 25 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KENDRICK 767, DOROTHY M, , MS,**

Mailing Address 5210 MEADOW WOOD DR

City  
WACO

State  
TX

Zip Code  
76710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2016

Transaction ID : SA11AI.41710

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KHOURY 898, GHASSAN I, , MR,**

Mailing Address 2374 KHOURY LN

City  
ELKO

State  
NV

Zip Code  
89801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHOURY LEASING CO INC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2016

Transaction ID : SA11AI.41726

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOCH 452, GILBERT, , MR,**

Mailing Address 1731 CLAYBURN CIR

City  
CINCINNATI

State  
OH

Zip Code  
45240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA11AI.41794

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

155.00

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

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

FOR LINE NUMBER: PAGE 26 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KUBECKA 774, GENE, , MR,**

Mailing Address 5475 FM 457

City  
BAY CITY

State  
TX

Zip Code  
77414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
K CORP LLC

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Transaction ID : SA11AI.41834

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LANDRES 052, NEIL, , MR,**

Mailing Address PO BOX 658

City  
DORSET

State  
VT

Zip Code  
05251

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.41877

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LAUBER 166, RONALD, , MR,**

Mailing Address 10684 SONNYDALE LN

City  
HUNTINGDON

State  
PA

Zip Code  
16652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Transaction ID : SA11AI.41909

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 27 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LAUQUAN 114, AVIS, , MS,**

Mailing Address 10151 106TH ST

City

OZONE PARK

State

NY

Zip Code

11416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2016

Transaction ID : SA11AI.41912

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LAWSON 911, ROBERT M, , MR,**

Mailing Address 1040 OLD MILL RD

City

PASADENA

State

CA

Zip Code

91108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LA CANADA DESIGN GROUP INC

Occupation (for Individual)

IT MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016

Transaction ID : SA11AI.41927

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEE 493, RICHARD H, , MR,**

Mailing Address 1944 EMERALD GLEN CT NE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2016

Transaction ID : SA11AI.41940

Amount of Each Receipt this Period

50.00

☐ Memo Item

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: PAGE 28 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEHMAN 601, JANICE, , MS,**

Mailing Address 26W144 JEWELL RD

City  
WHEATON

State  
IL

Zip Code  
60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2016

Transaction ID : SA11AI.41945

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEIGHTON 926, NORMA J, , MS,**

Mailing Address 23862 VILLENA

City  
MISSION VIEJO

State  
CA

Zip Code  
92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
HOMEMAKER

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  
11 / 10 / 2016

Transaction ID : SA11AI.41950

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LETELLIER 113, ELIO, , MR,**

Mailing Address 4265 KISSENA BLVD  
APT 604

City  
FLUSHING

State  
NY

Zip Code  
11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONSUMERS UNION

Occupation (for Individual)  
BUSINESS SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2016

Transaction ID : SA11AI.41960

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 29 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARTINEZ 770, JOSE, , MR,**

Mailing Address 13006 SWEETGUM SHORES DR

City  
HOUSTON

State  
TX

Zip Code  
77044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

Transaction ID : SA11AI.42149

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MATOKA 152, ROBERT N, , MR,**

Mailing Address 140 PERRYVISTA AVE

City  
PITTSBURGH

State  
PA

Zip Code  
15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

Transaction ID : SA11AI.42166

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCCracken 078, MARK L, , MR,**

Mailing Address 6 MEADOW CLIFF LN

City  
HARDWICK

State  
NJ

Zip Code  
07825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2016

Transaction ID : SA11AI.42210

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

325.00

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

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

FOR LINE NUMBER: PAGE 30 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER 465, MARY L, , MS,**

Mailing Address 16 STONE CAMP TRL

City  
WINONA LAKE

State  
IN

Zip Code  
46590

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
511 TOLLGATE LLC

Occupation (for Individual)  
MANAGER

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  
10 / 24 / 2016

Transaction ID : SA11AI.42333

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLER 786, CONNIE, , MS,**

Mailing Address 30809 BERRY CREEK DR

City  
GEORGETOWN

State  
TX

Zip Code  
78628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

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  
10 / 26 / 2016

Transaction ID : SA11AI.42341

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOHRSLADT 852, ARDIS, , MR,**

Mailing Address 6501 E EL MARO CIR

City  
PARADISE VALLEY

State  
AZ

Zip Code  
85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACOBSEN LIMITED PARTNERS

Occupation (for Individual)  
GENERAL PARTNER

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  
10 / 25 / 2016

Transaction ID : SA11AI.42373

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 31 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOORE 758, PARTHENA V, , ,**

Mailing Address PO BOX A

City  
BUFFALO

State  
TX

Zip Code  
75831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Transaction ID : SA11AI.42415

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MORRIS 068, ROBERT E, , MR,**

Mailing Address 98 RIVERSIDE AVE

City  
RIVERSIDE

State  
CT

Zip Code  
06878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2016

Transaction ID : SA11AI.42428

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MURPHY 797, ALANA S, , MS,**

Mailing Address 164 COOK RD

City  
ODESSA

State  
TX

Zip Code  
79766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2016

Transaction ID : SA11AI.42468

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

350.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NACK 070, RHONA, , MS,**

Mailing Address 1025 MAXWELL LN  
APT 803

City  
HOBOKEN

State  
NJ

Zip Code  
07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 11 / 2016

Transaction ID : SA11AI.42483

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NASIR 913, MUHAMMAD, , DR,**

Mailing Address 11987 SHOSHONE AVE

City

GRANADA HILLS

State

CA

Zip Code

91344

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARFLAKE REHAB MEDICAL CENTER

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 16 / 2016

Transaction ID : SA11AI.42487

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ODOM 765, BILLY G, , MR,**

Mailing Address 903 GILMORE ST

City

TAYLOR

State

TX

Zip Code

76574

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 18 / 2016

Transaction ID : SA11AI.42587

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

400.00



# **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 33 OF 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PAGE 334, JANE, , MS,**

Mailing Address 2871 N OCEAN BLVD

City  
BOCA RATON

State  
FL

Zip Code  
33431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2016

Transaction ID : SA11AI.42644

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PARKER 304, FRANK C, , MR,**

Mailing Address PO BOX 591

City  
STATESBORO

State  
GA

Zip Code  
30459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Transaction ID : SA11AI.42657

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PAULL 329, RICHARD, , MR,**

Mailing Address 2350 INDIAN CREEK BLVD W  
APT D219

City  
VERO BEACH

State  
FL

Zip Code  
32966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2016

Transaction ID : SA11AI.42690

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

225.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PHARIS 341, JODI, , MS,**

Mailing Address 6769 STONEGATE DR

City  
NAPLES

State  
FL

Zip Code  
34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TUTELA INC

Occupation (for Individual)  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.42746

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PILON 038, KATHLEEN, , MS,**

Mailing Address 1 PENINSULA DR

City  
STRATHAM

State  
NH

Zip Code  
03885

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

Transaction ID : SA11AI.42753

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PIROVOLOS 441, DOROTHY A, , MS,**

Mailing Address 1922 W EDGERTON RD

City  
BROADVIEW HTS

State  
OH

Zip Code  
44147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INSIDE OUT MISITRY

Occupation (for Individual)  
MINISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

Transaction ID : SA11AI.42768

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 35 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. POWIS 231, ROBERT E, , MR,**

Mailing Address 14301 BRANDERMILL WOODS TRL AP

City  
MIDLOTHIAN

State  
VA

Zip Code  
23112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016

Transaction ID : SA11AI.42814

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PULSE 386, DIANNE T, , MS,**

Mailing Address 113 E SPRING ST

City  
RIPLEY

State  
MS

Zip Code  
38663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2016

Transaction ID : SA11AI.42842

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. QUERIPEL 189, LOUISE, , MRS,**

Mailing Address 111 STONEY HILL RD

City  
NEW HOPE

State  
PA

Zip Code  
18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

Transaction ID : SA11AI.42856

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

200.00

**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 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RALLS 671, JEFF, , MR,**

Mailing Address PO BOX 572

City  
WELLINGTONState  
KSZip Code  
67152FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
RESTAURANT OWNER

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  
 11 / 15 / 2016

Transaction ID : SA11AI.42872

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REINHARD 180, DONALD, , ,**

Mailing Address 75 HARVARD AVE

City  
PALMERTONState  
PAZip Code  
18071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PENCOR SERVICESOccupation (for Individual)  
SEMI RETIRED EXEC

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  
 11 / 17 / 2016

Transaction ID : SA11AI.44173

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REYES 208, JOSEPH, , MR,**

Mailing Address 10712 ALLOWAY DR

City  
POTOMACState  
MDZip Code  
20854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OWNEROccupation (for Individual)  
CUTLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2016

Transaction ID : SA11AI.42929

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

850.00

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 37 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REZAC 685, SHARON K, , MS,**

Mailing Address 2211 W PLUM ST

City  
LINCOLN

State  
NE

Zip Code  
68522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2016

Transaction ID : SA11AI.42934

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REZAC 685, SHARON K, , MS,**

Mailing Address 2211 W PLUM ST

City  
LINCOLN

State  
NE

Zip Code  
68522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2016

Transaction ID : SA11AI.42935

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICE 347, JAMES L, , MR,**

Mailing Address 11007 LAKE KATHERINE CIR

City  
CLERMONT

State  
FL

Zip Code  
34711

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2016

Transaction ID : SA11AI.42946

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

115.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RICH 374, SUSAN, , MS,**

Mailing Address 1036 CUMBERLAND RD

City  
CHATTANOOGA

State  
TN

Zip Code  
37419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BAKER DONELSON

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2016

Transaction ID : SA11AI.42949

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RO 019, RUTH, , MS,**

Mailing Address 230 LYNN FELS PKWY

City  
SAUGUS

State  
MA

Zip Code  
01906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOSTON STREET RO FAMILY LLC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Transaction ID : SA11AI.42987

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RYAN 334, ANNE M, , MR,**

Mailing Address 5402 PENNOCK POINT RD

City  
JUPITER

State  
FL

Zip Code  
33458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.43104

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SANTELLA 921, ROBERT, , MR,**

Mailing Address 4774 NORMA DR

City  
SAN DIEGO

State  
CA

Zip Code  
92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 04 / 2016

Transaction ID : SA11AI.43133

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHLOEMAN 631, JAMES M, , MR,**

Mailing Address 544 CONWAY VILLAGE DR

City  
CREVE COEUR

State  
MO

Zip Code  
63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2016

Transaction ID : SA11AI.43171

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHWIRTLICH 784, LONNIE, , MR,**

Mailing Address 14314 PLAYA DEL REY

City  
CORPUS CHRISTI

State  
TX

Zip Code  
78418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 14 / 2016

Transaction ID : SA11AI.43223

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

800.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SEXTON 740, DANA L., MRS,**

Mailing Address 35024 W 261ST ST S

City  
BRISTOW

State  
OK

Zip Code  
74010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OK TURNPIKE AUTHORITY

Occupation (for Individual)  
COLLECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016

**Transaction ID : SA11AI.43258**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHIELDS 481, ROY R., MR,**

Mailing Address 10171 MOOREVILLE RD

City  
SALINE

State  
MI

Zip Code  
48176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BANK SUPPLIES INC

Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2016

**Transaction ID : SA11AI.43292**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHIVE 820, FRANCIS R., ,**

Mailing Address 1703 BAR X RD

City  
CHEYENNE

State  
WY

Zip Code  
82007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2016

**Transaction ID : SA11AI.43298**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

275.00



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

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

FOR LINE NUMBER: PAGE 41 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SIMON 953, RAYMOND C, , MR,**

Mailing Address 3309 WORTHINGTON DR

City  
MODESTO

State  
CA

Zip Code  
95350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIMON CO

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

**Transaction ID : SA11AI.43334**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SLANEY 430, DORIS, , MRS,**

Mailing Address 10121 ABBOTTSHIRE VLG PL

City  
POWELL

State  
OH

Zip Code  
43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

**Transaction ID : SA11AI.43355**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SPEAR 784, MORGAN, , MS,**

Mailing Address 225 S CARANCAHUA ST

City  
CORPUS CHRISTI

State  
TX

Zip Code  
78412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MORGAN SPEAR ASSOCIATES INC

Occupation (for Individual)  
ARCHITECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2016

**Transaction ID : SA11AI.43433**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 42 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SPRINGER 770, JERROL W, , ,**

Mailing Address 9236 MEMORIAL DR

City  
HOUSTON

State  
TX

Zip Code  
77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2016

Transaction ID : SA11AI.43458

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STUDEMAN 490, KENNETH J, , MR,**

Mailing Address 65523 N CENTERVILLE RD

City  
STURGIS

State  
MI

Zip Code  
49091

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2016

Transaction ID : SA11AI.43542

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SYLVESTER 483, FRANCIS L, , MR,**

Mailing Address 3617 S ADAMS RD APT 107

City  
ROCHESTER HILLS

State  
MI

Zip Code  
48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2016

Transaction ID : SA11AI.43575

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

450.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TIETJEN 183, JOHN, , MR,**

Mailing Address 504 CRANBERRY CREEK RD

City  
CRESCO

State  
PA

Zip Code  
18326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEE DECORATING INC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016

Transaction ID : SA11AI.43652

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TIMMER 786, NANCY P, , MS,**

Mailing Address 249 SUNDAY CIR

City

FREDERICKSBURG

State

TX

Zip Code

78624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2016

Transaction ID : SA11AI.43658

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TSCHUDY 631, JANE, , MS,**

Mailing Address 9 COUNTRY ESTATES PL

City

SAINT LOUIS

State

MO

Zip Code

63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016

Transaction ID : SA11AI.43719

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

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

425.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TWAN 946, LIZ, , MS,**

Mailing Address 316 SCENIC AVE

City  
PIEDMONT

State  
CA

Zip Code  
94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

**Transaction ID : SA11AI.43728**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VANDENBERG 977, JAN B, , MRS,**

Mailing Address 61951 KILDONAN CT

City  
BEND

State  
OR

Zip Code  
97702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

**Transaction ID : SA11AI.43767**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALKER 954, KATHERINE, , MS,**

Mailing Address 3000 S LAKE DR

City  
KELSEYVILLE

State  
CA

Zip Code  
95451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

**Transaction ID : SA11AI.43839**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

400.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WENGREEN 833, BRENDA, , MS,**

Mailing Address 1296 E 4000 N

City  
BUHL

State  
ID

Zip Code  
83316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016

Transaction ID : SA11AI.43907

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WILLIAMS 347, BOBBY E, , MR,**

Mailing Address 5272 COUNTY ROAD 114D

City

WILDWOOD

State

FL

Zip Code

34785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.43970

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WITHERS 327, RICHARD W, , MR,**

Mailing Address 2436 WYNDAM BAY PL

City

APOPKA

State

FL

Zip Code

32703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RICHARD W WITHERS LLC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Transaction ID : SA11AI.44007

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

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

410.00

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

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

FOR LINE NUMBER: PAGE 46 OF 62

(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WOLFSON 105, WILLIAM, , MR,**

Mailing Address 607 GIPSY TRAIL RD

City  
CARMEL

State  
NY

Zip Code  
10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2016

Transaction ID : SA11AI.44029

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WOODALL 317, ETHEL, , MS,**

Mailing Address 2017 BEATTIE RD

City  
ALBANY

State  
GA

Zip Code  
31721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2016

Transaction ID : SA11AI.44034

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WRIGHT 730, DEBORAH A, , MS,**

Mailing Address 1209 NW 195TH ST

City  
EDMOND

State  
OK

Zip Code  
73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2016

Transaction ID : SA11AI.44048

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

# **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 62

☒ 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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YOUNG 077, ROSEMARIE, , MS,**

Mailing Address 14 JARED LN

City  
MANALAPAN

State  
NJ

Zip Code  
07726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

Transaction ID : SA11AI.44071

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZORC 208, THOMAS, , DR, MD**

Mailing Address 8608 COUNTRY CLUB DR

City  
BETHESDA

State  
MD

Zip Code  
20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016

Transaction ID : SA11AI.44117

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

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

350.00

15850.00

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

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

FOR LINE NUMBER: PAGE 48 OF 62  
(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 MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TMA DIRECT INC**

Mailing Address 2000 EDMUND HAILEY DR  
SUITE 250

City  
RESTON

State  
VA

Zip Code  
20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1436.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2016

Transaction ID : SA17.39530

Amount of Each Receipt this Period

1436.78

☐ Memo Item

LIST RENTAL INCOME

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

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

1436.78

1436.78



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

PAGE 49 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. BAKER & HOSTETLER LLP**

Mailing Address PO BOX 70189

City  
CLEVELANDState  
OHZip Code  
44190Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39532**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
INTERCHNG FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39517**

Amount of Each Disbursement this Period

1693.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
MERCHANT DISCOUNT FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39518**

Amount of Each Disbursement this Period

845.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7538.63

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
MERCHANT DISCOUNT FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			0	4			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39519**

Amount of Each Disbursement this Period

39.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
WIRE TRANSFER FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			0	8			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39520**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
WIRE TRANSFER FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			0	9			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39521**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

89.34

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
AMEX COLLECTION FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			2	3			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39522**

Amount of Each Disbursement this Period

7.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			2	5			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39523**

Amount of Each Disbursement this Period

161.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGAR LANDState  
TXZip Code  
77478Purpose of Disbursement  
WIRE TRANSFER FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			2	8			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39524**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

194.23

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
TELEMARKETING SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	0			2	6			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39525**

Amount of Each Disbursement this Period

26887.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
TELEMARKETING SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			0	2			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39526**

Amount of Each Disbursement this Period

17146.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
TELEMARKETING SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

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
1	1			0	8			2	0	1	6		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39527**

Amount of Each Disbursement this Period

22005.13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

66039.14

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
TELEMARKETING SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2016			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39528**

Amount of Each Disbursement this Period

27216.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
TELEMARKETING SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39529**

Amount of Each Disbursement this Period

55522.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
ALLOCATED TO LINE 24

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.44200**

Amount of Each Disbursement this Period

-148777.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

-66039.15

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. LIBY A HANSEN MANAGEMENT GROUP INC**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	1	1	0	4		2	0	1	6		

Mailing Address 15200 LEICESTERSHIRE ST #230

City  
WOODBIDGEState  
VAZip Code  
21048Purpose of Disbursement  
GRASSROOTS PHONE & DATA MANAGEMENT CONSULTING

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39534**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RAISE THE MONEY**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	6		

Mailing Address PO BOX 26466

City  
LITTLE ROCKState  
ARZip Code  
72221Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39549**

Amount of Each Disbursement this Period

18.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RAISE THE MONEY**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	1	6		

Mailing Address PO BOX 26466

City  
LITTLE ROCKState  
ARZip Code  
72221Purpose of Disbursement  
CREDIT CARD PROCESSING

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39551**

Amount of Each Disbursement this Period

103.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3122.53

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. SHULLMAN ROGERS GANDAL PA**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 12505 PARK POTOMAC AVE  
6TH FLOORCity  
POTOMACState  
MDZip Code  
20854Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39537**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHULLMAN ROGERS GANDAL PA**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 12505 PARK POTOMAC AVE  
6TH FLOORCity  
POTOMACState  
MDZip Code  
20854Purpose of Disbursement  
UNCASHED CHECK (4/29/2016) VOIDED

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.39538**

Amount of Each Disbursement this Period

-1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1250.00

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

12194.72



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

PAGE 56 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT CHARLES S. FADDIS**

Mailing Address 3435 KINGS RETREAT CT.

City  
DAVIDSONVILLEState  
MDZip Code  
21035Purpose of Disbursement  
PRIMARY 2016 - DEBT RETIREMENT

011

Category/  
Type

Candidate Name

**FADDIS, CHARLES, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	1	6		

FEC Identification Number

**C** C00574913**Transaction ID : SB23.39541**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City  
NEW YORKState  
NYZip Code  
10022Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**TRUMP, DONALD J, , ,**Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	1	6		

FEC Identification Number

**C** C00580100**Transaction ID : SB23.39544**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City  
NEW YORKState  
NYZip Code  
10022Purpose of Disbursement  
CHECK RETURNED UNCASHED

011

Category/  
Type

Candidate Name

**TRUMP, DONALD J, , ,**Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	8			2	0	1	6		

FEC Identification Number

**C** C00580100**Transaction ID : SB23.39547**

Amount of Each Disbursement this Period

-5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

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

1000.00



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

PAGE 57 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" 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 MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE, SCOTT B, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2016

Mailing Address 2776 S ARLINGTON MILL DR

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
LOAN REPAYMENT

009

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** C00524454**Transaction ID : SB26.39536**

Amount of Each Disbursement this Period

800.00

☐ Memo Item

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

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

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

Category/  
Type

Candidate Name

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

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

800.00

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

800.00

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 58 OF 62

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7128

**CONSERVATIVE MAJORITY FUND****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MACKENZIE, SCOTT B, , ,**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 2776 S ARLINGTON MILL DR

City

ARLINGTON

State

VA

ZIP Code

22206

Original Amount of Loan

800.00

Cumulative Payment To Date

800.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 09 / 2015

Date Due

M M / D D / Y Y Y Y

UPON  
REQUEST

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 59 OF 62

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

NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

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

**INFOCISION MANAGEMENT CORP**

Nature of Debt (Purpose):

**VOTER CONTACT COMMUNICATIONS**

Mailing Address 325 SPRINSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333

Outstanding Balance Beginning This Period

148777.66

Transaction ID : SD10.27600

Amount Incurred This Period

0.00

Payment This Period

148777.66

Outstanding Balance at Close of This Period

0.00

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)..... ►

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 60 OF 62  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00524454         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 325 SPRINSIDE DRIVE			Amount <input type="text"/>		
City AKRON	State OH	Zip Code 44333	Transaction ID : <b>SE.44201</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS		Category/ Type <input type="text"/> 004	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 550896.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 325 SPRINSIDE DRIVE			Amount <input type="text"/>		
City AKRON	State OH	Zip Code 44333	Transaction ID : <b>SE.44202</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS		Category/ Type <input type="text"/> 004	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 568043.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <input type="text"/> 44034.01
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <input type="text"/>
(a) TOTAL Independent Expenditures .....	▶ <input type="text"/>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , ,

Signature

[Electronically Filed]

Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 61 OF 62  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00524454         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Mailing Address 325 SPRINSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22005.13</div>		
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.44203</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">590048.26</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Mailing Address 325 SPRINSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27216.52</div>		
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.44204</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">617264.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">49221.65</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , ,

Signature

*[Electronically Filed]*

Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 62 OF 62  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 11 / 2016	
Mailing Address 325 SPRINSIDE DRIVE			Amount <span style="border: 1px solid black; padding: 2px;">55522.00</span>	
City AKRON	State OH	Zip Code 44333	Transaction ID : <b>SE.44205</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 11 / 28 / 2016	
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">672786.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>	
City	State	Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Purpose of Expenditure			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	
Name of Federal Candidate:  			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">55522.00</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">148777.66</span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MACKENZIE, SCOTT B, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2017	

[Electronically Filed]