

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 JUL 17 AM 11:14
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5C MAIL CENTER

The Conservative Caucus Political Action Committee

ADDRESS (number and street)

1125 Old Bridge Road

Check if different than previously reported. (ACC)

Amherstville VA 20106

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00563544

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

04 / 01 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer Charles L. Orndorff

Signature of Treasurer

[Handwritten Signature]

Date

07 / 14 / 2014

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

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 / 01 / 2014 To: ^{M M / D D / Y Y Y Y} 06 / 30 / 2014

FROM: FIN: 0000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 0		0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19)	6,043.00	6,043.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6,043.00	6,043.00
7. Total Disbursements (from Line 31).....	5,618.7	5,618.7
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5,481.13	5,481.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1,192.208	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} *04 01 2014* To: ^{M M / D D / Y Y Y Y} *06 30 2014*

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).....	5,000.00	5,000.00
(ii) Unitemized.....	5,393.00	5,393.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,893.00	5,893.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,893.00	5,893.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	150.00	150.00
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6,043.00	6,043.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,043.00	6,043.00

FROM LINE 1000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.	0.
(ii) Non-Federal Share	0.	0.
(b) Other Federal Operating Expenditures	411.87	411.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	411.87	411.87
22. Transfers to Affiliated/Other Party Committees	0.	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.	0.
24. Independent Expenditures (use Schedule E)	0.	0.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.	0.
26. Loan Repayments Made	150.00	150.00
27. Loans Made	0.	0.
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.	0.
(b) Political Party Committees	0.	0.
(c) Other Political Committees (such as PACs)	0.	0.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.	0.
29. Other Disbursements	0.	0.
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.	0.
(ii) "Levin" Share	0.	0.
(b) Federal Election Activity Paid Entirely With Federal Funds	0.	0.
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))	0.	0.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	561.87	561.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	561.87	561.87

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5,893.00	5,893.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,893.00	5,893.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	411.87	411.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	411.87	411.87

**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	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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)
The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial) A. <i>Umile, Diang</i>		Date of Receipt M M / D D / Y Y Y Y <i>06 / 04 / 2014</i>
Mailing Address <i>348 N. Founders Ct.</i>		Amount of Each Receipt this Period <i>500.00</i>
City <i>Warrington</i>	State Zip Code <i>PA 18976</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>500.00</i>
Name of Employer <i>None</i>	Occupation <i>Retired</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <i>500.00</i>	

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

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

SUBTOTAL of Receipts This Page (optional).....▶	<i>500.00</i>
TOTAL This Period (last page this line number only).....▶	<i>500.00</i>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

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

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NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)

A. <i>Authorize.net</i>		Date of Disbursement	
Mailing Address <i>PO BOX 947</i>		M M / D D / Y Y Y Y <i>06 / 11 / 2014</i>	
City <i>American Fork,</i>	State <i>UT</i>	Zip Code <i>84003</i>	Amount of Each Disbursement this Period <i>99.00</i>
Purpose of Disbursement <i>Merchant fee</i>		Category/ Type <i>001</i>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

B. <i>Harland Clarke</i>		Date of Disbursement	
Mailing Address <i>PO BOX 660073</i>		M M / D D / Y Y Y Y <i>06 / 17 / 2014</i>	
City <i>Dallas</i>	State <i>TX</i>	Zip Code <i>75266</i>	Amount of Each Disbursement this Period <i>66.92</i>
Purpose of Disbursement <i>Deposit tickets</i>		Category/ Type <i>001</i>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

C. <i>Wells Fargo Bank</i>		Date of Disbursement	
Mailing Address <i>155 Broadview Avenue</i>		M M / D D / Y Y Y Y <i>06 / 26 / 2014</i>	
City <i>Warrenton</i>	State <i>VA</i>	Zip Code <i>20186</i>	Amount of Each Disbursement this Period <i>94.00</i>
Purpose of Disbursement <i>Bank fees</i>		Category/ Type <i>001</i>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

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

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NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)

A. *Orndorff, Charles L.*

Date of Disbursement

06 11 2014

Mailing Address

1125 Old Bridge Road

City

Amissville

State

VA

Zip Code

20186

Purpose of Disbursement

incorporation fees, PO BOX, copies, FAX

001

Amount of Each Disbursement this Period

107.63

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. *Wells Fargo Bank*

Date of Disbursement

04 15 2014

Mailing Address

155 Broadview Avenue

City

Warrenton

State

VA

Zip Code

20186

Purpose of Disbursement

Checks

001

Amount of Each Disbursement this Period

3400

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. *Wells Fargo Bank*

Date of Disbursement

05 28 2014

Mailing Address

155 Broadview Avenue

City

Warrenton

State

VA

Zip Code

20186

Purpose of Disbursement

Bank fee

001

Amount of Each Disbursement this Period

1000

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 3

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

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NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)

A. <i>Authorize.net</i>		Date of Disbursement
Mailing Address <i>PO Box 947</i>		M M / D D / Y Y Y Y <i>06 / 03 / 2014</i>
City <i>American Fork</i>	State <i>UT</i>	Zip Code <i>84003</i>
Purpose of Disbursement <i>Merchant fee</i>	Amount of Each Disbursement this Period	
Candidate Name	Category/Type <i>001</i>	<i>0.32</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , <i>411.87</i>

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) *Orndorff, Charles L.*
1125 Old Bridge Rd.
 Mailing Address
Amissville, VA 20106
 City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , , <i>50.00</i>	, , , <i>50.00</i>	, , , <i>0.</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<i>04 07 2014</i>	<i>06 30 2014</i>	<i>0.</i> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	▶	, , .
TOTALS This Period (last page in this line only)	▶	, , .
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

FROM PLAN 0000

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 2 OF 2

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) *Orndorff, Charles L.*

Election:

- Primary
- General
- Other (specify) ▼

1125 Old Bridge Road

Mailing Address

Amisville

VA

20106

City

State

ZIP Code

Original Amount of Loan

10000

Cumulative Payment To Date

10000

Balance Outstanding at Close of This Period

0

TERMS

Date Incurred

05 03 2014

Date Due

06 30 2014

Interest Rate

0 % (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) ▶

TOTALS This Period (last page in this line only) ▶

15000

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

FROM FIN 10001

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>List Processing Specialists</i>	Nature of Debt (Purpose): <i>Data Processing</i>
Mailing Address <i>PO Box 2325</i>	
City State Zip Code <i>Fairfax VA 22031</i>	

Outstanding Balance Beginning This Period <i>0</i>	Amount Incurred This Period <i>15353</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>15353</i>
---	---	---------------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Strive Communications</i>	Nature of Debt (Purpose): <i>Printing, mailing, postage</i>
Mailing Address <i>11921 Freedom Drive Ste 550</i>	
City State Zip Code <i>Reston VA 20190</i>	

Outstanding Balance Beginning This Period <i>0</i>	Amount Incurred This Period <i>10,377.14</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>10,377.14</i>
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Conrad Direct</i>	Nature of Debt (Purpose): <i>List Rental</i>
Mailing Address <i>300 Knickerbocker Road</i>	
City State Zip Code <i>Cresskill, NJ 07626</i>	

Outstanding Balance Beginning This Period <i>0</i>	Amount Incurred This Period <i>1,391.41</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>1,391.41</i>
---	--	---------------------------------	--

1) SUBTOTALS This Period This Page (optional).....▶	, , ,
2) TOTALS This Period (last page this line number only).....▶	, 11,922.08
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	, , 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	, 11,922.08

FROM FIN 100000

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

NAME OF COMMITTEE (In Full) <i>The Conservative Caucus Political Action Committee</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00563544</i>
--	---

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	0
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0
(c) TOTAL Independent Expenditures.....	0

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.

Signature _____ Date _____

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <i>The Conservative Caucus Political Action Committee</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

FROM FIN 000000

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City		State		Zip Code		M M / D D / Y Y Y Y
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City		State		Zip Code		M M / D D / Y Y Y Y
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City		State		Zip Code		M M / D D / Y Y Y Y
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶						

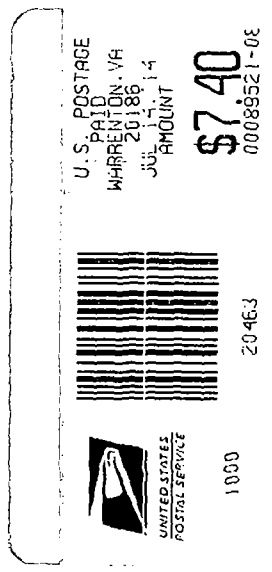
SUBTOTAL of Expenditures This Page (optional).....▶			0
TOTAL This Period (last page this line number only).....▶			0

KAC

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Lynchville VA 20106



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(8/2013)

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