NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL								
CONSERVATIVE MAJORITY FUND								
(b)		Street Address						
	2776 S ARLINGTON MILL DR #806 ATTN: SCOTT B MACKENZIE					2. FEC IDENTIFICATION NUMBER C00524454		
(c)	(c) City, State and ZIP Code				3. TYPE OF COMMITTEE (check one)			
	ARLINGTON VA 22206				STATE PARTY TOTHER			
I certify that one of the following situations is correct (complete line 4 or 5):								
	STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its							
	affiliation with:							
	Committee Name:							
	FEC Identification Number:							
_								
5.	SIAIU	S BY QUALIFICATION:						
	(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):							
		Name		Office Sought	State/Dis	strict	Date	
	(i)	SMITH, ROBERT, , ,		Senate	NH	00	03/13/2014	
	(ii)	CASSIDY, WILLIAM M., , ,		Senate	LA	00	11/12/2014	
	(iii)	MACKENZIE, STEPHEN, , ,		House	IN	06	11/29/2016	
	(iv)	KENNEDY, JOHN NEELY, , ,		Senate	LA	00	11/29/2016	
	(v)	FADDIS, CHARLES, , ,		House	MD	05	11/04/2016	
(b) Contributors: The committee received a contribution from its 51st contributor								
	on: <u>07/10/2012</u> .							
(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was								
submitted on: <u>07/09/2012</u> .								
(d) Qualification: The committee met the above requirements on:11/29/2016								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER Electronically Filed DATE								
TYPE OR PRINT NAME OF TREASURER MACKENZIE, SCOTT B, , ,				SIGNATURE OF TREASURER MACKENZIE, SCOTT B, , ,		-)/2019	
NOTE	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
ANT CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DATS.								