

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

ATTN: SCOTT B MACKENZIE
Check if different than previously reported. (ACC) ARLINGTON VA 22206

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

C C00524454

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 11 / 06 / 2012 in the State of AL

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE [Electronically Filed] Date 10 / 25 / 2012

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									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="213192.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="304118.08"/>	<input type="text" value="1705077.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="517310.99"/>	<input type="text" value="1705077.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="214306.28"/>	<input type="text" value="1402073.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="303004.71"/>	<input type="text" value="303004.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="348910.43"/>	

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)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

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

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).....	65850.00	137395.00
(ii) Unitemized	238268.08	1567682.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	304118.08	1705077.88
(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)	304118.08	1705077.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	304118.08	1705077.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	304118.08	1705077.88

DETAILED SUMMARY PAGE
of Disbursements

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	68192.26	287588.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	68192.26	287588.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	146114.02	1114484.81
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	214306.28	1402073.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	214306.28	1402073.17

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)	304118.08	1705077.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	304118.08	1705077.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	68192.26	287588.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	68192.26	287588.36

**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 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR KENNETH ABRAMOWITZ 068
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 958
 City SOUTHPORT State CT Zip Code 06890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.80403
 Amount of Each Receipt this Period
 219.00

B. MRS PENNY S ABRAMS 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 27256 N 97TH PL
 City SCOTTSDALE State AZ Zip Code 85262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.80405
 Amount of Each Receipt this Period
 250.00

C. MR CONRAD ADAMS 466
 Full Name (Last, First, Middle Initial)
 Mailing Address 17741 WOODRIDGE DR
 City SOUTH BEND State IN Zip Code 46635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 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 / 05 / 2012
Transaction ID : SA11AI.80426
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	869.00
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 7 OF 145
(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

A. MR KEN ALDRICH 344
 Full Name (Last, First, Middle Initial)
 Mailing Address 5751 SE MARJORIE AVE
 City INGLIS State FL Zip Code 34449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.80480
 Amount of Each Receipt this Period
 100.00

B. MRS JUDY L ALLEN 400
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 BAGDAD RD
 City SHELBYVILLE State KY Zip Code 40065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.80505
 Amount of Each Receipt this Period
 825.00

C. MRS MARLOWE A ALSPAUGH 017
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 HARTLAND WAY
 UNIT 103
 City ACTON State MA Zip Code 01720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.80528
 Amount of Each Receipt this Period
 510.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1435.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JOHN RICHARD ANDERSON 797
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 136
 City State Zip Code
 GAIL TX 79738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED RANCHER
 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
 10 / 08 / 2012
Transaction ID : SA11AI.80598
 Amount of Each Receipt this Period
 250.00

B. MRS LYNNE ARCHER 774
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 SAINT PETERS WALK
 City State Zip Code
 SUGAR LAND TX 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARCHER KIA/VOLKSWAGEN SECRETARY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.80630
 Amount of Each Receipt this Period
 300.00

C. MRS LEIGH ASKEW 780
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1433
 City State Zip Code
 GEORGE WEST TX 78022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 10 / 17 / 2012
Transaction ID : SA11AI.80680
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 9 OF 145
(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

A. MRS CORA G BAKER 027
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 LAWSON AVE
 City ACUSHNET State MA Zip Code 02743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.80741
 Amount of Each Receipt this Period
 -10.00

B. MR HARRY W BAKER 156
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 S 8TH ST
 City YOUNGWOOD State PA Zip Code 15697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.80747
 Amount of Each Receipt this Period
 120.00

C. MS SHIRLEY D BAKER 259
 Full Name (Last, First, Middle Initial)
 Mailing Address HC 85 BOX 307
 City JUMPING BRANCH State WV Zip Code 25969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 12 / 2012
Transaction ID : SA11AI.80749
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
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 10 OF 145
(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

A. MR BEN BAKER 380
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 642
 City COVINGTON State TN Zip Code 38019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROP DUSTER Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.80754
 Amount of Each Receipt this Period
 125.00

B. MR RICHARD BALBRIDGE 881
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 66
 City GRADY State NM Zip Code 88120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.80766
 Amount of Each Receipt this Period
 170.00

C. MS SUSAN BEARD 653
 Full Name (Last, First, Middle Initial)
 Mailing Address 26014 FOREST RIDGE RD
 City SEDALIA State MO Zip Code 65301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.80942
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ► 1295.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MS CAROLYN BEAUBOUF 710		Date of Receipt
Mailing Address 2512 HIGHWAY 5		M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
City	State	Zip Code
GRAND CANE	LA	71032
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.80950
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1300.00	

Full Name (Last, First, Middle Initial) B. MR DONALD N BELCOURT 550		Date of Receipt
Mailing Address 19375 IRELAND WAY		M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2012
City	State	Zip Code
LAKEVILLE	MN	55044
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.81009
Name of Employer NOTT COMPANY		Amount of Each Receipt this Period
Occupation SALES		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) C. MS MAUDE R BEVAN 640		Date of Receipt
Mailing Address 1510 W SCOTT PL		M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2012
City	State	Zip Code
INDEPENDENCE	MO	64052
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.81108
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 12 OF 145
(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

A. MR RICHARD BIZZIGOTTI 297
 Full Name (Last, First, Middle Initial)
 Mailing Address 293 LINCOLN RD
 City YORK State SC Zip Code 29745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.81159
 Amount of Each Receipt this Period
 100.00

B. MRS CATHY A BLACKMAN 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 539 QUAIL VALLEY DR
 City ZIONSVILLE State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.81167
 Amount of Each Receipt this Period
 50.00

C. MR GARTH BLAKE 422
 Full Name (Last, First, Middle Initial)
 Mailing Address 918 TODD DEER LICK RD
 City LEWISBURG State KY Zip Code 42256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 10 / 2012
Transaction ID : SA11AI.81178
 Amount of Each Receipt this Period
 110.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
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 13 OF 145
(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

A. MR ROBERT BLANKS 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 VIA ZAPATA
 City SAN CLEMENTE State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CUSTOMER SERVICE REPRESENTATIVE
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.81200
 Amount of Each Receipt this Period
 10000.00
 Aggregate Year-to-Date ▼
 10000.00

B. MR LESTER BOWMAN 175
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 DIVISION HWY
 City EPHRATA State PA Zip Code 17522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.81340
 Amount of Each Receipt this Period
 325.00
 Aggregate Year-to-Date ▼
 475.00

C. MS DEBORAH L BRANDENBERGER 468
 Full Name (Last, First, Middle Initial)
 Mailing Address 5221 TUNBRIDGE XING
 City FORT WAYNE State IN Zip Code 46815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2012
Transaction ID : SA11AI.81390
 Amount of Each Receipt this Period
 150.00
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10475.00
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 14 OF 145
(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

A. MR PAUL D BREITHAUPT 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 SWAN DR
 City COSTA MESA State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.81423
 Amount of Each Receipt this Period
 203.00

B. MS ANDREA B BRYANT 531
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 N BARSTOW ST
 City WAUKESHA State WI Zip Code 53186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.81568
 Amount of Each Receipt this Period
 170.00

C. MS EVONNE BULLER 681
 Full Name (Last, First, Middle Initial)
 Mailing Address 6025 PINKNEY ST
 City OMAHA State NE Zip Code 68104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 10 / 05 / 2012
Transaction ID : SA11AI.81603
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 473.00
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 15 OF 145
(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

A. MS WENDY L BUNDY 996
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 VON SCHEELE WAY
 City KODIAK State AK Zip Code 99615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 17 / 2012
Transaction ID : SA11AI.81611
 Amount of Each Receipt this Period
 125.00

B. MR LEONARD S BUSCH 553
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 WATERTOWN RD
 City LONG LAKE State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 10 / 08 / 2012
Transaction ID : SA11AI.81682
 Amount of Each Receipt this Period
 500.00

C. MRS MITZI BUTLER 847
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 W HEATHER GLEN DR
 City SAINT GEORGE State UT Zip Code 84790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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 / 17 / 2012
Transaction ID : SA11AI.81694
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CHARLES W CALBECK 601
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 W JEFFREY DR
 City ADDISON State IL Zip Code 60101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.81718
 Amount of Each Receipt this Period
 250.00

B. MR RICHARD J CARRERE 701 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 4618 BARONNE ST
 City NEW ORLEANS State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation SELF EMPLOYED
 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
 10 / 11 / 2012
Transaction ID : SA11AI.81807
 Amount of Each Receipt this Period
 500.00

C. RONALD W CHAMPLIN 669
 Full Name (Last, First, Middle Initial)
 Mailing Address 628 W 10TH ST
 City CONCORDIA State KS Zip Code 66901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.81899
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 17 OF 145
(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

A. MRS WONLYN CHAPMAN 974
 Full Name (Last, First, Middle Initial)
 Mailing Address 75332 WILLIAMS CREEK LOOP
 City State Zip Code
 COTTAGE GROVE OR 97424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.81916
 Amount of Each Receipt this Period
 205.00

B. MRS JOANNE CHRISTENSEN 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 6453 S PRESCOTT ST
 City State Zip Code
 LITTLETON CO 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 410.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : SA11AI.81958
 Amount of Each Receipt this Period
 10.00

C. MR CHARLES CHRISTOPHER 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 1184 DORSET LN
 City State Zip Code
 COSTA MESA CA 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.81970
 Amount of Each Receipt this Period
 170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00
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 18 OF 145
(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

A. MS DORIS M CHURCH 346
 Full Name (Last, First, Middle Initial)
 Mailing Address 1973 DUNLOE CIR
 City DUNEDIN State FL Zip Code 34698
 Date of Receipt 10 / 12 / 2012
 Transaction ID : SA11AI.81978
 Amount of Each Receipt this Period 1030.00
 Aggregate Year-to-Date 1030.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼

B. MR FRANK A CICATIELLO 354
 Full Name (Last, First, Middle Initial)
 Mailing Address 4934 WOODLAND FORREST DR
 City TUSCALOOSA State AL Zip Code 35405
 Date of Receipt 10 / 08 / 2012
 Transaction ID : SA11AI.81983
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼

C. MR HAROLD N CISCHKE 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 9304 FIRESIDE CIR
 City INDIANAPOLIS State IN Zip Code 46250
 Date of Receipt 10 / 01 / 2012
 Transaction ID : SA11AI.81987
 Amount of Each Receipt this Period 215.00
 Aggregate Year-to-Date 215.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼

SUBTOTAL of Receipts This Page (optional)..... ▶ 2245.00
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 19 OF 145
(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

A. MRS CAROL E CLEMENT 566
 Full Name (Last, First, Middle Initial)
 Mailing Address 2131 COUNTY RD 92
 City INTL FALLS State MN Zip Code 56649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 15 / 2012
Transaction ID : SA11AI.82037
 Amount of Each Receipt this Period
 150.00

B. MS MELBA J COLLINS 317
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 50575
 City ALBANY State GA Zip Code 31703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.82139
 Amount of Each Receipt this Period
 110.00

C. MR JOHN COLLINS 776
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2602
 City PORT BOLIVAR State TX Zip Code 77650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 10 / 2012
Transaction ID : SA11AI.82151
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 760.00
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 20 OF 145
(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

A. MRS BETTE M CONRADT 984
 Full Name (Last, First, Middle Initial)
 Mailing Address 2661 N PEARL ST
 City TACOMA State WA Zip Code 98407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.82196
 Amount of Each Receipt this Period
 100.00

B. MRS BONNIE WHITE COON 365
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 291
 City ATMORE State AL Zip Code 36504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIAMOND GASOLINE Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.82237
 Amount of Each Receipt this Period
 550.00

C. MR WILLIAM E CORRIGAN 752
 Full Name (Last, First, Middle Initial)
 Mailing Address 3645 HAYNIE AVE
 City DALLAS State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GODDARD INVESTMENT CO Occupation CEO
 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
 10 / 01 / 2012
Transaction ID : SA11AI.82269
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
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 21 OF 145
(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

A. MRS JUDITH M COURI 531
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 SEITZ DR
 City WAUKESHA State WI Zip Code 53186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COURI INSURANCE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 04 / 2012
Transaction ID : SA11AI.82298
 Amount of Each Receipt this Period
 225.00

B. MRS HELEN S COX 331
 Full Name (Last, First, Middle Initial)
 Mailing Address 753 MAJORCA AVE
 City CORAL GABLES State FL Zip Code 33134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2012
Transaction ID : SA11AI.82321
 Amount of Each Receipt this Period
 225.00

C. MRS RONA P CRAIG 082
 Full Name (Last, First, Middle Initial)
 Mailing Address 1039 SEASHORE RD
 City CAPE MAY State NJ Zip Code 08204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.82344
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
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 22 OF 145
(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 (Last, First, Middle Initial) A. MR WILLIAM R CRAWFORD 282			Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : SA11AI.82362
Mailing Address PO BOX 221272			Amount of Each Receipt this Period 1000.00
City CHARLOTTE	State NC	Zip Code 28222	
FEC ID number of contributing federal political committee. C			
Name of Employer WILMAR, INC	Occupation SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. DR HUGH R DANAH 928			Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2012 Transaction ID : SA11AI.82496
Mailing Address 1320 OMAHA AVE			Amount of Each Receipt this Period 300.00
City PLACENTIA	State CA	Zip Code 92870	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. MRS JUDITH J DAVIDSON 338			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2012 Transaction ID : SA11AI.82538
Mailing Address 2312 COVENTRY AVE			Amount of Each Receipt this Period 225.00
City LAKELAND	State FL	Zip Code 33803	
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 23 OF 145
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. MR W ALAN DAYTON 334			Date of Receipt
Mailing Address 241 TANGIER AVE			<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.82582
PALM BEACH	FL	33480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="200.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR CHARLES E DECRANE 612			Date of Receipt
Mailing Address 127 E 3RD ST			<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.82611
COAL VALLEY	IL	61240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="120.00"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS ELIZABETH R DELZEIT 676			Date of Receipt
Mailing Address 1006 CATHEDRAL			<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.82651
VICTORIA	KS	67671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="217.00"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="292.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="537.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 145
(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

A. MS ELIZABETH R DELZEIT 676
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 CATHEDRAL
 City VICTORIA State KS Zip Code 67671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 367.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.82650
 Amount of Each Receipt this Period
 75.00

B. MRS MARY LOU DESCHAMPS 088
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 DEERFIELD TRL
 City BRANCHBURG State NJ Zip Code 08876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STORR TRACTOR CO SELF EMPLOYED
 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 / 02 / 2012
Transaction ID : SA11AI.82681
 Amount of Each Receipt this Period
 300.00

C. MS ROXANN B DILLON 240
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 549
 City BASSETT State VA Zip Code 24055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 12 / 2012
Transaction ID : SA11AI.82743
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 25 OF 145
(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

A. MR WILLIAM DRAKELEY 067
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 5
 City State Zip Code
 WOODBURY CT 06798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2012
Transaction ID : SA11AI.82845
 Amount of Each Receipt this Period
 250.00

B. MR STEPHEN DYER 806
 Full Name (Last, First, Middle Initial)
 Mailing Address 15871 DUQUESNE CIR
 City State Zip Code
 BRIGHTON CO 80603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 10 / 16 / 2012
Transaction ID : SA11AI.82926
 Amount of Each Receipt this Period
 225.00

C. MRS NELL EASTHAM 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 852 ELKINS LK
 City State Zip Code
 HUNTSVILLE TX 77340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 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
 10 / 01 / 2012
Transaction ID : SA11AI.82952
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS NELL EASTHAM 773
Full Name (Last, First, Middle Initial)

Mailing Address 852 ELKINS LK

City HUNTSVILLE State TX Zip Code 77340

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.82951

Amount of Each Receipt this Period
 50.00

B. MRS LOIS S EDGERLY 021
Full Name (Last, First, Middle Initial)

Mailing Address 32 HIGHLAND ST

City CAMBRIDGE State MA Zip Code 02138

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11AI.82979

Amount of Each Receipt this Period
 230.00

C. MR ROBERT A ELLY 440 SR
Full Name (Last, First, Middle Initial)

Mailing Address 11795 JAMIE DR

City CONCORD TWP State OH Zip Code 44077

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012

Transaction ID : SA11AI.83073

Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00

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 27 OF 145
(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

A. MRS SHANNON FAIRBANKS 331
 Full Name (Last, First, Middle Initial)
 Mailing Address 3505 MAIN LODGE DR
 City MIAMI State FL Zip Code 33133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAIN LODGE ASSOCIATES Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.83189
 Amount of Each Receipt this Period
 5000.00

B. MR FRANK J FALCO 193
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 WOODALE DR
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MID ATLANTIC SPINE & PAIN PHYCISIANS Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.83193
 Amount of Each Receipt this Period
 2000.00

C. MR FRANK J FALCO 193
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 WOODALE DR
 City KENNETT SQUARE State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MID ATLANTIC SPINE & PAIN PHYCISIANS Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.83194
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00
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 145
(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

A. MR ROBERT FAWLEY 119
 Full Name (Last, First, Middle Initial)
 Mailing Address 648 E AVENUE EXT
 City RIVERHEAD State NY Zip Code 11901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.83230
 Amount of Each Receipt this Period
 170.00

B. MS PATRICIA FIELDS 085
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 HANCOCK ST
 City LAMBERTVILLE State NJ Zip Code 08530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.83304
 Amount of Each Receipt this Period
 208.00

C. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134
 City WILLIAMSTON State MI Zip Code 48895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.83317
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 603.00
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 29 OF 145
(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

A. MR JAMES E FLOWERS 365
 Full Name (Last, First, Middle Initial)
 Mailing Address 12430 MARY ANN BEACH RD
 City State Zip Code
 FAIRHOPE AL 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.83385
 Amount of Each Receipt this Period
 200.00

B. MS KATHLEEN D FORRESTAL 532
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 N WOODRUFF AVE
 City State Zip Code
 WHITEFISH BAY WI 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.83438
 Amount of Each Receipt this Period
 150.00

C. DR CHRISTINE S FORSZPANIAK 341
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 SEABREEZE AVE
 City State Zip Code
 NAPLES FL 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED DOCTOR
 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 / 08 / 2012
Transaction ID : SA11AI.83444
 Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.00
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 30 OF 145
(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

A. MRS MADELEINE O FRAME 193
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 KENSINGTON LN
 City OXFORD State PA Zip Code 19363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.83494
 Amount of Each Receipt this Period
 209.00

B. MRS BEVERLY M GAILITIS 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 LAKESHORE CT NE
 City MARIETTA State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.83633
 Amount of Each Receipt this Period
 120.00

C. MR ERROL GATON 114
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 110227
 City CAMBRIA HEIGHTS State NY Zip Code 11411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2012
Transaction ID : SA11AI.83719
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 479.00
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 31 OF 145
(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

A. MRS RONA GELBER 060
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 ROBKINS RD
 City AVON State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RONA GELBER INTERIORS Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.83735
 Amount of Each Receipt this Period
 170.00

B. MR ARCHIE GILL 798
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 323
 City TERLINGUA State TX Zip Code 79852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 10 / 06 / 2012
Transaction ID : SA11AI.83799
 Amount of Each Receipt this Period
 125.00

C. MR ARCHIE GILL 798
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 323
 City TERLINGUA State TX Zip Code 79852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2012
Transaction ID : SA11AI.83800
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
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 32 OF 145
(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 (Last, First, Middle Initial)
A. MR ARCHIE GILL 798

Mailing Address PO BOX 323

City State Zip Code
TERLINGUA TX 79852

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.83798

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. MR JAMES GILMER 365

Mailing Address PO BOX 97

City State Zip Code
CALVERT AL 36513

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

Name of Employer Occupation

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 / 17 / 2012
Transaction ID : SA11AI.83807

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
C. MRS PEDRO GIRON 071

Mailing Address 61 MILL ST

City State Zip Code
BELLEVILLE NJ 07109

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

Name of Employer Occupation
NONE HOMEMAKER

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
 10 / 14 / 2012
Transaction ID : SA11AI.83816

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 745.00

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 33 OF 145
(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

A. MS PRISCILLA A GOODYEAR 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 10042 SIGNET CIR
 City HUNTINGTON BEACH State CA Zip Code 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REALESTATE AGENT Occupation 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
 10 / 17 / 2012
Transaction ID : SA11AI.83889
 Amount of Each Receipt this Period
 230.00

B. MRS TAMELA L GROCE 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 14182 W BATES AVE
 City LAKEWOOD State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.84026
 Amount of Each Receipt this Period
 202.00

C. MRS TAMELA L GROCE 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 14182 W BATES AVE
 City LAKEWOOD State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2012
Transaction ID : SA11AI.84025
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 457.00
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 34 OF 145
(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 (Last, First, Middle Initial)
A. MR ISA GUVEN 305

Mailing Address 1790 MALL OF GEORGIA BLVD

City State Zip Code
BUFORD GA 30519

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

Name of Employer Occupation
JEWELER SELF EMPLOYED

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
 10 / 16 / 2012
Transaction ID : SA11AI.84091

Amount of Each Receipt this Period
275.00

Full Name (Last, First, Middle Initial)
B. MR WALTER H HARDY 121

Mailing Address PO BOX 425

City State Zip Code
SELKIRK NY 12158

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

Name of Employer Occupation
J W WHITE CONSTRUCTION

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
 10 / 16 / 2012
Transaction ID : SA11AI.84251

Amount of Each Receipt this Period
170.00

Full Name (Last, First, Middle Initial)
C. MS JODY HARDY 826

Mailing Address 3431 BROOKVIEW DR

City State Zip Code
CASPER WY 82604

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.84254

Amount of Each Receipt this Period
214.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 659.00

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 36 OF 145
(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

A. MS JEAN T HELLER 177
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 WINDHAM CT
 City WILLIAMSPORT State PA Zip Code 17701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : SA11AI.84399
 Amount of Each Receipt this Period
 125.00

B. MR PAUL N HERR 170
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 ROBIN RD
 City HERSHEY State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2012
Transaction ID : SA11AI.84448
 Amount of Each Receipt this Period
 120.00

C. MR PAUL N HERR 170
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 ROBIN RD
 City HERSHEY State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2012
Transaction ID : SA11AI.84449
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 365.00
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 145
(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

A. MR WILLIE D HODGE 744
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 153
 City State Zip Code
 TAHLEQUAH OK 74465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.84575
 Amount of Each Receipt this Period
 150.00

B. MR JERRY HOOPER 782
 Full Name (Last, First, Middle Initial)
 Mailing Address 4014 STAHL RD
 City State Zip Code
 SAN ANTONIO TX 78217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.84643
 Amount of Each Receipt this Period
 500.00

C. CHRIS HUGHES 730
 Full Name (Last, First, Middle Initial)
 Mailing Address 1671 BAKER RD
 City State Zip Code
 SULPHUR OK 73086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.84751
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
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 38 OF 145
(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

A. MS GLORIA J IKARD 880
 Full Name (Last, First, Middle Initial)
 Mailing Address 3537 CAVE CREEK MNR
 City LAS CRUCES State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.84826
 Amount of Each Receipt this Period
 300.00

B. MS DONNA JACKSON 933
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 BRIDGEWATER WAY
 City BAKERSFIELD State CA Zip Code 93313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.84880
 Amount of Each Receipt this Period
 250.00

C. MRS MARY EILEEN JAILLET 986
 Full Name (Last, First, Middle Initial)
 Mailing Address 1473 N GOERIG ST
 APT 24
 City WOODLAND State WA Zip Code 98674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 15 / 2012
Transaction ID : SA11AI.84890
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 39 OF 145
(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

A. MRS LOTTIE R JENNINGS 321
 Full Name (Last, First, Middle Initial)
 Mailing Address 1973 SOUTHCREEK BLVD
 City PORT ORANGE State FL Zip Code 32128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.84936
 Amount of Each Receipt this Period
 5000.00

B. MR M S JOHNSON 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 17TH ST STE 1500
 City DENVER State CO Zip Code 80202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.85022
 Amount of Each Receipt this Period
 150.00

C. MR LARRY W JONES 277
 Full Name (Last, First, Middle Initial)
 Mailing Address 3734 ANGIER AVE
 City DURHAM State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.85042
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5270.00
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 40 OF 145
(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 (Last, First, Middle Initial) A. MRS DONNA L KALMAN 774		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2012 Transaction ID : SA11AI.85132
Mailing Address 24719 LAKEBRIAR DR		Amount of Each Receipt this Period 213.00
City KATY State TX Zip Code 77494	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 213.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MS BARBARA M KASLER 483		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2012 Transaction ID : SA11AI.85147
Mailing Address 50414 HUNTERS CREEK TRL		Amount of Each Receipt this Period 400.00
City SHELBY TOWNSHIP State MI Zip Code 48317	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1400.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS CAROLE R KAVANAUGH 530		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2012 Transaction ID : SA11AI.85156
Mailing Address 124 ERIN CT		Amount of Each Receipt this Period 100.00
City WEST BEND State WI Zip Code 53095	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 225.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	713.00
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 41 OF 145
(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

A. MR DAVID G KESKE 630
 Full Name (Last, First, Middle Initial)
 Mailing Address 1449 BALD EAGLE RD
 City GLENCOE State MO Zip Code 63038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.85241
 Amount of Each Receipt this Period
 2000.00

B. MR BERNHARG KINEBEG 119
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 NEWTOWN LN
 City EAST HAMPTON State NY Zip Code 11937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation SELF EMPLOYED
 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 / 17 / 2012
Transaction ID : SA11AI.85286
 Amount of Each Receipt this Period
 225.00

C. MRS VICKI KIRKPATRICK 630
 Full Name (Last, First, Middle Initial)
 Mailing Address 5399 KATRINA DR
 City HOUSE SPRINGS State MO Zip Code 63051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.85325
 Amount of Each Receipt this Period
 204.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2429.00
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 42 OF 145
(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

A. MS HIDEGARD M KRUSCH 495
 Full Name (Last, First, Middle Initial)
 Mailing Address 1324 RICHMOND ST NW
 City GRAND RAPIDS State MI Zip Code 49504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.85489
 Amount of Each Receipt this Period
 211.00

B. MR GENE KUBECKA 774
 Full Name (Last, First, Middle Initial)
 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 SELF EMPLOYED Occupation FORESTER
 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 / 17 / 2012
Transaction ID : SA11AI.85495
 Amount of Each Receipt this Period
 300.00

C. MR GARY LACONIS 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 MAGNOLIA LN
 City KINGWOOD State TX Zip Code 77339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GARY LACOINS Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.85544
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 711.00
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 43 OF 145
(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

A. MR ROBERT G LAGESTEE 604 SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 W TAFT DR
 City SOUTH HOLLAND State IL Zip Code 60473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.85556
 Amount of Each Receipt this Period
 150.00

B. MRS HELEN LEGROW 117
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 MAPLE ST
 City ISLIP State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.85738
 Amount of Each Receipt this Period
 170.00

C. MARY LILLESTOL 581
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 GOLD DR S
 STE 170
 City FARGO State ND Zip Code 58103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LILLESTOL RESEARCH SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.85834
 Amount of Each Receipt this Period
 550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 870.00
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 44 OF 145
(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

A. MRS CAROLYN S LOTT 173
 Full Name (Last, First, Middle Initial)
 Mailing Address 6971 OXFORD RD
 City GARDNERS State PA Zip Code 17324
 Date of Receipt: 10 / 08 / 2012
 Transaction ID : SA11AI.85946
 Amount of Each Receipt this Period: 175.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 275.00

B. MR DAVID L LUKE 100 III
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 PARK AVE FL 7D
 City NEW YORK State NY Zip Code 10021
 Date of Receipt: 10 / 03 / 2012
 Transaction ID : SA11AI.85991
 Amount of Each Receipt this Period: 100.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 300.00

C. MR WILMER F LYON 455
 Full Name (Last, First, Middle Initial)
 Mailing Address 1205 VESTER AVE
 City SPRINGFIELD State OH Zip Code 45503
 Date of Receipt: 10 / 17 / 2012
 Transaction ID : SA11AI.86020
 Amount of Each Receipt this Period: 115.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 315.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00
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 45 OF 145
(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

A. MR JOHN MARSHALL 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 3806 OREANA CT
 City SPRING State TX Zip Code 77386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation SELF EMPLOYED
 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 / 04 / 2012
Transaction ID : SA11Al.86188
 Amount of Each Receipt this Period
 300.00

B. MR WILLIAM L MARTIN 532
 Full Name (Last, First, Middle Initial)
 Mailing Address 3039 N BREMEN ST
 City MILWAUKEE State WI Zip Code 53212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11Al.86215
 Amount of Each Receipt this Period
 212.00

C. MR CHRIS A MASTRANGEEO 087
 Full Name (Last, First, Middle Initial)
 Mailing Address 1086 EAGLEHURST RD
 City TOMS RIVER State NJ Zip Code 08753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COASTAL HEALTH CARE Occupation ADMINISTRATOR
 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 / 08 / 2012
Transaction ID : SA11Al.86262
 Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 722.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 145
<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)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR DAVID E MEACHER 294		Date of Receipt
Mailing Address 4913 HIDEAWAY PT		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Transaction ID : SA11AI.86484
HOLLYWOOD	SC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	
DOCTOR'S CARE	DOCTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM P MEAGHER 303		Date of Receipt
Mailing Address 8 ROSE CT NE		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Transaction ID : SA11AI.86488
ATLANTA	GA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="500.00"/>
Name of Employer	Occupation	
INTERSECT GROUP	EXECUTIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR LEE MEYER 800		Date of Receipt
Mailing Address 17462 E POWERS DR		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Transaction ID : SA11AI.86570
AURORA	CO	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="500.00"/>
Name of Employer	Occupation	
MEYER AND ASSOCIATES	SELF EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 OF 145
(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

A. MR BILLY MOONEYHAM 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 TODO LN
 City State Zip Code
 DRIFTWOOD TX 78619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.86769
 Amount of Each Receipt this Period
 250.00

B. MRS HELEN MOORADKANIAN 018
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 3RD ST
 City State Zip Code
 NORTH ANDOVER MA 01845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE SELF EMPLOYED
 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 / 08 / 2012
Transaction ID : SA11AI.86772
 Amount of Each Receipt this Period
 110.00

C. MR ALWAL MOORE 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 13197 MAPLE DR
 City State Zip Code
 SAINT LOUIS MO 63127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MFD SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.86787
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 860.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MR JOHN MORAN 080			Date of Receipt
Mailing Address 4 OAK LN			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.86815
WILLIAMSTOWN	NJ	08094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="275.00"/>
Name of Employer	Occupation		<input type="text" value="475.00"/>
MORAN BROS GENERAL CONTRACTORS	SELF EMPLOYED		
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) B. MRS GERTIE MORRIS 760			Date of Receipt
Mailing Address 307 SHADOW LN			<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.86853
EULESS	TX	76039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		<input type="text" value="300.00"/>
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. MR WILLIAM W MORRIS 802			Date of Receipt
Mailing Address 9521 DOROTHY BLVD			<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.86855
THORNTON	CO	80229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="210.00"/>
Name of Employer	Occupation		<input type="text" value="210.00"/>
NONE	RETIRED		
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).....▶	<input type="text" value="785.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 49 OF 145
(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

A. MR KEITH W NELSON 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 LEXINGTON
 City IRVINE State CA Zip Code 92620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2012
Transaction ID : SA11AI.87049
 Amount of Each Receipt this Period
 100.00

B. MS WANDA OHM 276
 Full Name (Last, First, Middle Initial)
 Mailing Address 5416 DUTCHMAN DR
 City RALEIGH State NC Zip Code 27606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BUILDERS DISCOUNT CENTER Occupation SELF EMPLOYED
 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 / 12 / 2012
Transaction ID : SA11AI.87216
 Amount of Each Receipt this Period
 300.00

C. MS MATILDE OLIVAS 791
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 N LOOP 335 E
 City AMARILLO State TX Zip Code 79108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 16 / 2012
Transaction ID : SA11AI.87231
 Amount of Each Receipt this Period
 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
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 50 OF 145
(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

A. MR ROBERT D OLSON 548
 Full Name (Last, First, Middle Initial)
 Mailing Address 9433 N HAY CREEK RD
 City HAYWARD State WI Zip Code 54843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.87243
 Amount of Each Receipt this Period
 150.00

B. DR JOHN PANTON 603
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 JACKSON AVE
 City RIVER FOREST State IL Zip Code 60305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2012
Transaction ID : SA11AI.87393
 Amount of Each Receipt this Period
 165.00

C. MR JAMES L PARKS 730
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 30240
 City EDMOND State OK Zip Code 73003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 10 / 11 / 2012
Transaction ID : SA11AI.87438
 Amount of Each Receipt this Period
 175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CRAIG PISTILLI 321
Full Name (Last, First, Middle Initial)

Mailing Address 2526 GLENHAVEN ST

City NEW SMYRNA BEACH State FL Zip Code 32168

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.87678

Amount of Each Receipt this Period
 220.00

B. MS BILLIE N POENISCH 783
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 277

City INGLESIDE State TX Zip Code 78362

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

Name of Employer Occupation
 NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.87703

Amount of Each Receipt this Period
 170.00

C. MS MARILYN H PRODRAMOS 600
Full Name (Last, First, Middle Initial)

Mailing Address 143 SHERIDAN RD

City WINNETKA State IL Zip Code 60093

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

Name of Employer Occupation
 SELF EMPLOYED DENTIST

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 / 01 / 2012
Transaction ID : SA11AI.87832

Amount of Each Receipt this Period
 210.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 145
(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

A. MR BUTCH PUTNAM 652
 Full Name (Last, First, Middle Initial)
 Mailing Address 4901 N ROUTE E
 City COLUMBIA State MO Zip Code 65202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.87863
 Amount of Each Receipt this Period 275.00

B. MS LINDA REMO 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 WILLIAMS RD
 City CROSS PLAINS State TN Zip Code 37049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -75.00

Date of Receipt 10 / 03 / 2012
Transaction ID : SA11AI.88049
 Amount of Each Receipt this Period -75.00

C. MR DONALD RIPLEY 788
 Full Name (Last, First, Middle Initial)
 Mailing Address 4484 W US HIGHWAY 90
 City UVALDE State TX Zip Code 78801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer L AND W FLYING SERVICE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 17 / 2012
Transaction ID : SA11AI.88151
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional).....▶ 425.00
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 53 OF 145
(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

A. MRS CARLA ROBERTS 816
 Full Name (Last, First, Middle Initial)
 Mailing Address 4450 COUNTY ROAD 245
 City NEW CASTLE State CO Zip Code 81647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation SELF EMPLOYED
 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 / 17 / 2012
Transaction ID : SA11AI.88203
 Amount of Each Receipt this Period
 250.00

B. MR JAMES F ROBSON 191
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 21901
 City PHILADELPHIA State PA Zip Code 19124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.88236
 Amount of Each Receipt this Period
 100.00

C. MRS DIANE H RUBY 799
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 N MESA ST
 City EL PASO State TX Zip Code 79902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.88352
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 54 OF 145
(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

A. MS NIESA C RUSTAD 334

Full Name (Last, First, Middle Initial)
Mailing Address 6530 BOCA DEL MAR DR
APT 135

City BOCA RATON State FL Zip Code 33433

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 10 / 10 / 2012
Transaction ID : SA11AI.88392
 Amount of Each Receipt this Period: 215.00

B. MR CHRIS SALA 992

Full Name (Last, First, Middle Initial)
Mailing Address 4927 N CEDAR ST

City SPOKANE State WA Zip Code 99205

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : SA11AI.88429
 Amount of Each Receipt this Period: 100.00

C. MR JAMES R SANDBERG 693

Full Name (Last, First, Middle Initial)
Mailing Address 210198 FLORAL ST

City GERING State NE Zip Code 69341

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

Name of Employer Occupation
OWNER/OPERATOR/FARMER SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : SA11AI.88454
 Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00

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 55 OF 145
(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

A. MR JOHN SCHUBERT 784
 Full Name (Last, First, Middle Initial)
 Mailing Address 734 PONDER ST
 City State Zip Code
 CORPUS CHRISTI TX 78404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RESPERTORY THERAPIST SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.88643
 Amount of Each Receipt this Period
 230.00

B. MR ROBERT E SCOLAMIERO 038
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 298
 City State Zip Code
 JACKSON NH 03846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.88677
 Amount of Each Receipt this Period
 218.00

C. MR KEITH B SCOTT 658
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 W PRIMROSE ST
 City State Zip Code
 SPRINGFIELD MO 65807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.88684
 Amount of Each Receipt this Period
 135.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.00
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 56 OF 145
(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

A. MS MARJORIE SHAPLEIGH 066
 Full Name (Last, First, Middle Initial)
 Mailing Address 1742 NICHOLS AVE
 City STRATFORD State CT Zip Code 06614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.88769
 Amount of Each Receipt this Period
 60.00

B. MR BENJAMIN SHORT 744
 Full Name (Last, First, Middle Initial)
 Mailing Address 25551 EAST 754 ROAD
 City TAHLEQUAH State OK Zip Code 74464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.88845
 Amount of Each Receipt this Period
 175.00

C. MRS MARDENE I SLAATHAUG 582
 Full Name (Last, First, Middle Initial)
 Mailing Address 1661 13TH AVE NE
 City GRAND FORKS State ND Zip Code 58201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.88963
 Amount of Each Receipt this Period
 216.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 451.00
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 57 OF 145
(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

A. MRS HARRIETT R SOSELY 088
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 FAIRVIEW AVE
 City MIDDLESEX State NJ Zip Code 08846
 Date of Receipt: 10 / 09 / 2012
 Transaction ID : SA11AI.89141
 Amount of Each Receipt this Period: 150.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 300.00

B. MR G L SPRUILL 996
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 161
 City KASILOF State AK Zip Code 99610
 Date of Receipt: 10 / 08 / 2012
 Transaction ID : SA11AI.89183
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: SELF EMPLOYED Occupation: COMMERCIAL FISHERMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 250.00

C. MR THOR STADUM 577
 Full Name (Last, First, Middle Initial)
 Mailing Address 3526 MATSON DR
 City STURGIS State SD Zip Code 57785
 Date of Receipt: 10 / 15 / 2012
 Transaction ID : SA11AI.89201
 Amount of Each Receipt this Period: 150.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 58 OF 145
(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

A. MR HORACE C STARKE 279
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 BASS ST
 City MOYOCK State NC Zip Code 27958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERNATIONAL ENTERPRISES Occupation 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
 10 / 03 / 2012
Transaction ID : SA11AI.89252
 Amount of Each Receipt this Period
 225.00

B. DR SHARON L STEINMAN 260
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 VIRGINIA PARK RD
 City WHEELING State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. LUKE'S Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.89279
 Amount of Each Receipt this Period
 300.00

C. MR LEO K STEWART 890
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 535
 City ALAMO State NV Zip Code 89001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RANCHING OPERATION Occupation 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
 10 / 17 / 2012
Transaction ID : SA11AI.89340
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 59 OF 145
(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

A. MR GLEN R STOCKWELL 991
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 N DIVISION ST
 City RITZVILLE State WA Zip Code 99169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : SA11AI.89367
 Amount of Each Receipt this Period
 170.00

B. MR MARK M STOUGH 481
 Full Name (Last, First, Middle Initial)
 Mailing Address 5130 JACKSON RD
 City ANN ARBOR State MI Zip Code 48103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 12 / 2012
Transaction ID : SA11AI.89399
 Amount of Each Receipt this Period
 200.00

C. MR ROBERT J TAYLOR 633
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 VLG DR E
 City SAINT CHARLES State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.89600
 Amount of Each Receipt this Period
 201.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 571.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 60 OF 145
(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

A. MS BEVERLY THOMPSON 317
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 EMBER CT
 City ALBANY State GA Zip Code 31721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WAL-MART Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.89686
 Amount of Each Receipt this Period
 90.00

B. MR ADDISON O TICE 321
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 S RIDGEWOOD AVE
 LOT 21
 City EDGEWATER State FL Zip Code 32132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.89730
 Amount of Each Receipt this Period
 230.00

C. MS WALTER TOBIN 026
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 MORTON RD
 City SOUTH CHATHAM State MA Zip Code 02659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.89755
 Amount of Each Receipt this Period
 220.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00
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 61 OF 145
(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

A. MRS DONNA L TOMEY 940
 Full Name (Last, First, Middle Initial)
 Mailing Address 173 BERWICK WAY
 City SUNNYVALE State CA Zip Code 94087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11AI.89785
 Amount of Each Receipt this Period
 375.00

B. MR VAN VANGEL 933
 Full Name (Last, First, Middle Initial)
 Mailing Address 5201 FRUITVALE AVE
 City BAKERSFIELD State CA Zip Code 93308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2012
Transaction ID : SA11AI.89984
 Amount of Each Receipt this Period
 300.00

C. MR ADRIAN VANHOFWEGEN 513
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 GOLF VILLA DR
 City MILFORD State IA Zip Code 51351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2012
Transaction ID : SA11AI.89989
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 145
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MR ARTHUR E VIENOLA 934
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 SAN MIGUELITO RD
 City LOMPOC State CA Zip Code 93436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 02 / 2012
Transaction ID : SA11AI.90036
 Amount of Each Receipt this Period
 125.00

B. MR JAMES C WALTER 745
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 400
 City CALVIN State OK Zip Code 74531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 16 / 2012
Transaction ID : SA11AI.90142
 Amount of Each Receipt this Period
 150.00

C. MRS MARCIA A WARRINGTON 342
 Full Name (Last, First, Middle Initial)
 Mailing Address 6718 OAKMONT WAY
 City BRADENTON State FL Zip Code 34202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : SA11AI.90205
 Amount of Each Receipt this Period
 100.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 145
(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

A. MR RICHARD F WEBER 468
 Full Name (Last, First, Middle Initial)
 Mailing Address 5015 OLD MILL RD
 City FORT WAYNE State IN Zip Code 46807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.90264
 Amount of Each Receipt this Period
 206.00

B. MS MARCIA WEISBERG 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 1871 WARD RD
 City BLOOMFIELD State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.90290
 Amount of Each Receipt this Period
 207.00

C. MR ROBERT WHITE 654
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 HIGHWAY F
 City CUBA State MO Zip Code 65453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.90404
 Amount of Each Receipt this Period
 145.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 558.00
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 64 OF 145
(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

A. MR DONALD H WHITE 809
 Full Name (Last, First, Middle Initial)
 Mailing Address 12105 AMBASSADOR DR APT 321
 City COLORADO SPRINGS State CO Zip Code 80921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : SA11AI.90412
 Amount of Each Receipt this Period
 210.00

B. MS MARJORIE L WHITSELL 620
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 RIVER AIRE DR S
 City GODFREY State IL Zip Code 62035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 10 / 17 / 2012
Transaction ID : SA11AI.90427
 Amount of Each Receipt this Period
 115.00

C. MRS HOOLY J WINFORD 741
 Full Name (Last, First, Middle Initial)
 Mailing Address 5606 S HARVARD CT UNIT A
 City TULSA State OK Zip Code 74135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 10 / 17 / 2012
Transaction ID : SA11AI.90589
 Amount of Each Receipt this Period
 115.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00
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 65 OF 145
(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

A. MS MARY YAGER 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 5641 HOLLY SPRINGS DR
 City HOUSTON State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : SA11AI.90725
 Amount of Each Receipt this Period
 170.00

B. MR JEFFREY ZACHMEIER 585
 Full Name (Last, First, Middle Initial)
 Mailing Address 2940 LYONS RD
 City MANDAN State ND Zip Code 58554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 05 / 2012
Transaction ID : SA11AI.90787
 Amount of Each Receipt this Period
 100.00

C. MS SANDRA M ZIRNGIBL 447
 Full Name (Last, First, Middle Initial)
 Mailing Address 8180 NOTTINGHILL CIR NW
 City NORTH CANTON State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 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 / 16 / 2012
Transaction ID : SA11AI.90818
 Amount of Each Receipt this Period
 230.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	65850.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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 SPRINGSIDE DR

City AKRON State OH Zip Code 44321

Purpose of Disbursement
TELEMARKETING SERVICES

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : SB21B.80336

Amount of Each Disbursement this Period

16120.33

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44321

Purpose of Disbursement
TELEMARKETING SERVICES

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : SB21B.80337

Amount of Each Disbursement this Period

19730.58

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44321

Purpose of Disbursement
TELEMARKETING SERVICES

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : SB21B.80338

Amount of Each Disbursement this Period

32341.35

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

68192.26

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

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

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

FOR LINE NUMBER:
(check only one)

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

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 SPRINGSIDE DR

City AKRON State OH Zip Code 44321

Purpose of Disbursement
VOTER CONTACT CALLS

004

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : SB21B.80339

Amount of Each Disbursement this Period

146114.02

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44321

Purpose of Disbursement
ALLOCATION FROM LN 21(b) TO LN 24

004

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : SB21B.80340

Amount of Each Disbursement this Period

-146114.02

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

0.00

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

68192.26

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 145
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 CALLS
Mailing Address 325 SPRINGSIDE DR	
City State Zip Code AKRON OH 44321	

Outstanding Balance Beginning This Period <input type="text" value="563216.71"/>	Transaction ID : SD10.80335	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="214306.28"/>	Outstanding Balance at Close of This Period <input type="text" value="348910.43"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="348910.43"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="348910.43"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="348910.43"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1044.75
City AKRON State OH Zip Code 44321	Transaction ID : SE.6407	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14976.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 151.86
City AKRON State OH Zip Code 44321	Transaction ID : SE.6409	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2176.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1380.67
City AKRON State OH Zip Code 44321	Transaction ID : SE.6515	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19792.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 633.15
City AKRON State OH Zip Code 44321	Transaction ID : SE.6517	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9076.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date MM / DD / YYYY
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 8078.12
City AKRON State OH Zip Code 44321	Transaction ID : SE.6518	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 115801.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1104.76
City AKRON State OH Zip Code 44321	Transaction ID : SE.6519	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15836.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 789.45
City AKRON State OH Zip Code 44321	Transaction ID : SE.6520	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11316.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 199.67
City AKRON State OH Zip Code 44321	Transaction ID : SE.6521	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: DE <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2862.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE *[Electronically Filed]* Date **10 / 25 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 4281.55
City AKRON State OH Zip Code 44321	Transaction ID : SE.6522	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 61376.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2082.16
City AKRON State OH Zip Code 44321	Transaction ID : SE.6523	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 29848.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
INFOCISION MANAGEMENT CORP
[MEMO ITEM]

Date
M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount
2777.35

City State Zip Code
AKRON OH 44321

Transaction ID : SE.6526

Purpose of Expenditure
VOTER CONTACT CALLS

Category/Type 004

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BARAK HUSSEIN OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 39813.91

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
INFOCISION MANAGEMENT CORP
[MEMO ITEM]

Date
M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount
1398.27

City State Zip Code
AKRON OH 44321

Transaction ID : SE.6527

Purpose of Expenditure
VOTER CONTACT CALLS

Category/Type 004

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BARAK HUSSEIN OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 20044.48

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
INFOCISION MANAGEMENT CORP
[MEMO ITEM]

Date
MM / DD / YYYY
10 / 01 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount
664.54

City State Zip Code
AKRON OH 44321

Transaction ID : SE.6528

Purpose of Expenditure
VOTER CONTACT CALLS

Category/Type 004

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BARAK HUSSEIN OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 9526.27

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
INFOCISION MANAGEMENT CORP
[MEMO ITEM]

Date
MM / DD / YYYY
10 / 01 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount
610.35

City State Zip Code
AKRON OH 44321

Transaction ID : SE.6529

Purpose of Expenditure
VOTER CONTACT CALLS

Category/Type 004

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BARAK HUSSEIN OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 8749.55

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 951.75
City AKRON State OH Zip Code 44321	Transaction ID : SE.6530	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13643.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 982.52
City AKRON State OH Zip Code 44321	Transaction ID : SE.6531	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14084.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE *[Electronically Filed]* Date 10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 301.00
City AKRON State OH Zip Code 44321	Transaction ID : SE.6532	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4314.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1273.87
City AKRON State OH Zip Code 44321	Transaction ID : SE.6533	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18261.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1473.08
City AKRON State OH Zip Code 44321	Transaction ID : SE.6534	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21116.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2154.65
City AKRON State OH Zip Code 44321	Transaction ID : SE.6535	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 30887.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1307.10
City AKRON State OH Zip Code 44321	Transaction ID : SE.6538	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18737.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 220.53
City AKRON State OH Zip Code 44321	Transaction ID : SE.6539	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3161.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 392.98
City AKRON State OH Zip Code 44321	Transaction ID : SE.6540	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>NE</u> <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5633.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 585.41
City AKRON State OH Zip Code 44321	Transaction ID : SE.6541	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8391.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 295.10
City AKRON State OH Zip Code 44321	Transaction ID : SE.6542	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4230.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1926.68
City AKRON State OH Zip Code 44321	Transaction ID : SE.6543	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 27619.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 444.21
City AKRON State OH Zip Code 44321	Transaction ID : SE.6544	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6367.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 4314.54
City AKRON State OH Zip Code 44321	Transaction ID : SE.6545	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 61849.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2094.52
City AKRON State OH Zip Code 44321	Transaction ID : SE.6546	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 30025.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 151.44
City AKRON State OH Zip Code 44321	Transaction ID : SE.6547	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2170.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date 10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2516.06
City AKRON State OH Zip Code 44321	Transaction ID : SE.6548	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		2012 36068.19

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date MM / DD / YYYY 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 811.61
City AKRON State OH Zip Code 44321	Transaction ID : SE.6549	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OK <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		2012 11634.53

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date MM / DD / YYYY 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 855.02
City AKRON State OH Zip Code 44321	Transaction ID : SE.6550	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 12256.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2837.21
City AKRON State OH Zip Code 44321	Transaction ID : SE.6551	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 40672.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 236.42
City AKRON State OH Zip Code 44321	Transaction ID : SE.6552	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3389.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M / D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1022.89
City AKRON State OH Zip Code 44321	Transaction ID : SE.6553	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14663.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 176.49
City AKRON State OH Zip Code 44321	Transaction ID : SE.6554	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2530.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1395.97
City AKRON State OH Zip Code 44321	Transaction ID : SE.6555	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20011.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 5319.27
City AKRON State OH Zip Code 44321	Transaction ID : SE.6556	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 76252.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 550.55
City AKRON State OH Zip Code 44321	Transaction ID : SE.6557	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7892.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date **10 / 25 / 2012**
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1491.78
City AKRON State OH Zip Code 44321	Transaction ID : SE.6560	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21384.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 418.00
City AKRON State OH Zip Code 44321	Transaction ID : SE.6561	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5992.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1246.55
City AKRON State OH Zip Code 44321	Transaction ID : SE.6562	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17869.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 123.14
City AKRON State OH Zip Code 44321	Transaction ID : SE.6563	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1765.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 145.72
City AKRON State OH Zip Code 44321	Transaction ID : SE.6564	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2088.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 119.09
City AKRON State OH Zip Code 44321	Transaction ID : SE.80041	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14976.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 17.31
City AKRON State OH Zip Code 44321	Transaction ID : SE.80042	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2176.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 157.38
City AKRON State OH Zip Code 44321	Transaction ID : SE.80043	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19792.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 72.17
City AKRON State OH Zip Code 44321	Transaction ID : SE.80044	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9076.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 920.79
City AKRON State OH Zip Code 44321	Transaction ID : SE.80045	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 115801.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 125.93
City AKRON State OH Zip Code 44321	Transaction ID : SE.80046	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15836.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 89.99
City AKRON State OH Zip Code 44321	Transaction ID : SE.80047	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11316.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 22.76
City AKRON State OH Zip Code 44321	Transaction ID : SE.80048	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: DE <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2862.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 488.04
City AKRON State OH Zip Code 44321	Transaction ID : SE.80049	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 61376.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date 10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
INFOCISION MANAGEMENT CORP
[MEMO ITEM]

Date
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount
37.48

City State Zip Code
AKRON OH 44321

Transaction ID : SE.80052

Purpose of Expenditure
VOTER CONTACT CALLS

Category/Type
004

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BARAK HUSSEIN OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
4713.83

Disbursement For: Primary General
2012 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
INFOCISION MANAGEMENT CORP
[MEMO ITEM]

Date
M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2012

Mailing Address 325 SPRINGSIDE DR

Amount
316.58

City State Zip Code
AKRON OH 44321

Transaction ID : SE.80053

Purpose of Expenditure
VOTER CONTACT CALLS

Category/Type
004

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BARAK HUSSEIN OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
39813.91

Disbursement For: Primary General
2012 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 69.57
City AKRON State OH Zip Code 44321	Transaction ID : SE.80056	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8749.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 108.49
City AKRON State OH Zip Code 44321	Transaction ID : SE.80057	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13643.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 111.99
City AKRON State OH Zip Code 44321	Transaction ID : SE.80058	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14084.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 34.31
City AKRON State OH Zip Code 44321	Transaction ID : SE.80059	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4314.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 145.20
City AKRON State OH Zip Code 44321	Transaction ID : SE.80060	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18261.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 167.91
City AKRON State OH Zip Code 44321	Transaction ID : SE.80061	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21116.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 72.20
City AKRON State OH Zip Code 44321	Transaction ID : SE.80064	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9079.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 148.99
City AKRON State OH Zip Code 44321	Transaction ID : SE.80065	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18737.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 66.73
City AKRON State OH Zip Code 44321	Transaction ID : SE.80068	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8391.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 33.64
City AKRON State OH Zip Code 44321	Transaction ID : SE.80069	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4230.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 219.62
City AKRON State OH Zip Code 44321	Transaction ID : SE.80070	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 27619.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 50.63
City AKRON State OH Zip Code 44321	Transaction ID : SE.80071	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6367.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date **10 / 25 / 2012**
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 491.80
City AKRON State OH Zip Code 44321	Transaction ID : SE.80072	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 61849.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 238.75
City AKRON State OH Zip Code 44321	Transaction ID : SE.80073	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 30025.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date 10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 17.26
City AKRON State OH Zip Code 44321	Transaction ID : SE.80074	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2170.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 286.80
City AKRON State OH Zip Code 44321	Transaction ID : SE.80075	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 36068.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 323.40
City AKRON State OH Zip Code 44321	Transaction ID : SE.80078	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 40672.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 26.95
City AKRON State OH Zip Code 44321	Transaction ID : SE.80079	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: RI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3389.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 159.12
City AKRON State OH Zip Code 44321	Transaction ID : SE.80082	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20011.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 606.32
City AKRON State OH Zip Code 44321	Transaction ID : SE.80083	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 76252.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 62.76
City AKRON State OH Zip Code 44321	Transaction ID : SE.80084	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7892.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 16.21
City AKRON State OH Zip Code 44321	Transaction ID : SE.80085	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2039.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 202.27
City AKRON State OH Zip Code 44321	Transaction ID : SE.80086	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 25438.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 170.04
City AKRON State OH Zip Code 44321	Transaction ID : SE.80087	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21384.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date 10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 47.65
City AKRON State OH Zip Code 44321	Transaction ID : SE.80088	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5992.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 142.09
City AKRON State OH Zip Code 44321	Transaction ID : SE.80089	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17869.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE Date 10 / 25 / 2012

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 14.04
City AKRON State OH Zip Code 44321	Transaction ID : SE.80090	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1765.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 16.61
City AKRON State OH Zip Code 44321	Transaction ID : SE.80091	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2088.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2259.79
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17236.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80341

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 328.48
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2505.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80342

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2588.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2986.37
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 22778.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80343

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1369.49
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10445.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80344

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4355.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 17472.85
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80345	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 133274.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2389.58
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80346	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18226.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19862.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1707.57
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80347	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13024.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 431.88
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80348	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: DE <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3294.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2139.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 25 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 9260.93
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80349	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 70637.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 4503.69
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80350	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 34351.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13764.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 25 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 6007.38
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 45821.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80353

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 3024.44
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5 5 23068.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80354

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9031.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2058.63
City AKRON State OH Zip Code 44321	Transaction ID : SE.80357	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15702.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2125.17
City AKRON State OH Zip Code 44321		Transaction ID : SE.80358
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16209.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4183.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 651.06
City AKRON State OH Zip Code 44321	Transaction ID : SE.80359	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4965.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2755.36
City AKRON State OH Zip Code 44321	Transaction ID : SE.80360	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21016.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3406.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 3186.26
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80361	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24303.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 4660.48
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80362	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 35547.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7846.74
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2500.63
City AKRON	State OH	Zip Code 44321
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : SE.80363
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Office Sought: <input type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19073.58		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1369.96
City AKRON	State OH	Zip Code 44321
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : SE.80364
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Office Sought: <input type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 10449.38		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3870.59
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2827.24
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80365	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21564.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 477.00
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80366	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3638.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3304.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 850.02
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80367	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6483.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1266.23
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80368	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9658.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2116.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 25 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 638.30
City AKRON State OH Zip Code 44321	Transaction ID : SE.80369	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4868.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 4167.39
City AKRON State OH Zip Code 44321		Transaction ID : SE.80370
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 31786.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4805.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 960.83
City AKRON State OH Zip Code 44321	Transaction ID : SE.80371	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7328.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 9332.30
City AKRON State OH Zip Code 44321	Transaction ID : SE.80372	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 71182.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10293.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 4530.41
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80373	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 34555.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 327.56
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80374	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2498.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4857.97
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 25 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 5442.20
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 41510.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1755.49
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OK <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13390.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7197.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1849.40
City AKRON	State OH	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14106.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80377

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 6136.85
City AKRON	State OH	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 46808.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80378

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7986.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 381.75
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80381	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: SD <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2911.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 3019.46
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80382	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 23030.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3401.21
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 25 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 11505.50
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 87758.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80383

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 1190.83
City AKRON	State OH Zip Code 44321	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9083.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.80384

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12696.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 307.66
City AKRON State OH Zip Code 44321	Transaction ID : SE.80385	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: VT <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2346.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 3838.29
City AKRON State OH Zip Code 44321		Transaction ID : SE.80386
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 29276.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4145.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 3226.69
City AKRON State OH Zip Code 44321	Transaction ID : SE.80387	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24611.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 904.12
City AKRON State OH Zip Code 44321	Transaction ID : SE.80388	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 6896.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4130.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 2696.28
City AKRON State OH Zip Code 44321	Transaction ID : SE.80389	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20565.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 266.35
City AKRON State OH Zip Code 44321	Transaction ID : SE.80390	
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2031.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2962.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 325 SPRINGSIDE DR		Amount 315.19
City AKRON	State OH	
Zip Code 44321	Transaction ID : SE.80391	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARAK HUSSEIN OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2404.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	315.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	146114.02

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 SCOTT B MACKENZIE [Electronically Filed] Date **10 / 25 / 2012**