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FE5AN015

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED FEC MAIL CENTER

2009 DEC -2 AM 9: 30

FEC FORM 3X

Rev. 12/2004

FORM 3X For Other Than An Authorized Committee Office Use Only TYPE OR PRINT ▼ NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. CIONISIEIRIVIATILIVE NATILIONIAL CIOMMITTEE ADDRESS (number and street) Check if different than previously ARLLINGTON reported. (ACC) CITY A STATE A ZIP CODE A **FEC IDENTIFICATION NUMBER** ▼ **AMENDED** 0013909 3. IS THIS NEW OR REPORT (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) Primary (12P) 12-Day General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report (TER) in the Election on State of 10 01 200 Covering Period through 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 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

29030194110

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF FILEDIA TO AND DISDONSEMERTS	Page 2
Write or Type Committee Name (OA)SERVATIV	E NATIONAL COMMI-	t <i>tee</i>
	10 107 2009 To:	70 13009
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<u> </u>	179192
(b) Cash on Hand at Beginning of Reporting Period	3.5.9.8.8.3	
(c) Total Receipts (from Line 19)	35.00 -	13500 -
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7.09.883	1.5.291.9.2
7. Total Disbursements (from Line 31)	2250-	1044309
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	484883	484883
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	9	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9493082	
This committee has qualified as a multi-	candidate 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	

2903019411

DETAILED SUMMARY PAGE of Receipts Page 3 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name CONSERVATIVE NATIONAL COMMITTEE 10 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......... 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. C	Disbursements	Total This Period	COLUMN 5 Calendar Year-to-Date
21.	Operating Ex (a) Allocated Activity (penditures: I Federal/Non-Federal from Schedule H4)	i lotal Tilla Period	Calcillati 16ai-10-Date
		eral Share		
	(ii) Non	-Federal Share		
		deral Operating		- All All All All All All All All All Al
		ures	1500-	809.309
	•	erating Expenditures		
	(add 21(a	a)(i), (a)(ii), and (b))	1.500-	9-09309
22.	Transfers to A	Affiliated/Other Party		Annual management in the property of the second sec
00	Committees Contributions	**************************************		
23.	Federal Cand	lidates/Committees litical Committees	7.50-	2350 -
	Independent i			
25	(use Schedule	9 E)		
20.	(2 U.S.C. §44 (use Schedule	e E) Party Expenditures I1a(d)) e F)		
26.	Loan Repaym	nents Made		
27.	Loans Made			
28.	Refunds of C	ontributions To: ls/Persons Other		Section for a company of the company
	Than Pol	litical Committees		1
				Samuel and the same service of the same servic
	(b) Political I	Party Committees		
		litical Committees		
	(sụch as	PACs)		
	(a) Takal O-	stational and Dodge and	i	·
	• •	ntribution Refunds es 28(a), (b), and (c))▶	A	A
	(add Line	20(a), (b), and (b),		
29.	Other Disburs	ements		
	_			
30.		ion Activity (2 U.S.C. §431(20))	i	
	• •	Federal Election Activity	<u> </u>	
	•	hedule H6)		
	(i) redei	al Share		
	(ii) "Levir	n" Share		
	• •	Election Activity Paid Entirely		
		Federal Funds		
	(c) Total Fed	leral Election Activity (add		
	Lines 30	(a)(i), 30(a)(ii) and 30(b))▶		and the second s
31	Total Disburse	ements (add Lines 21(c), 22,		
•		6, 27, 28(d), 29 and 30(c))	226	1 - 1 1 2 - 6
	,,,	, _, _,(_,,,	2250	1.0.4.4.3.09
32.	Total Federal	Disbursements	ı	
		21(a)(ii) and Line 30(a)(ii)		
	from Line 31).	>	2250	(044309
$\bar{}$				
<u> </u>	•			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures (from Line 15, page 3) 38. Net Operating Expenditures

S	CHEDULE A (FEC Form 3X)	Γ	4110				NUMBE	R:	PAGE		O		
17	EMIZED RECEIPTS		for	te separate schedule(s) reach category of the realied Summary Page		k only 11a 13	one)	F	11c	-	12 16		17
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K.	Full Name (Last, First, Middle Initial) EUGENE and Conn	10 Nic	-41	nl AS	1		Receipt						
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	Receipt For: Primary General	Aggregate Ye	ar-te	-Date ▼									
_	Other (specify) ▼	استسل	<u>_</u>	140.00 -									
C.	Full Name (Last, First, Middle Initial) JAMES W. RAPPA	PORT			Da	ate of I	Receipt		_	_			
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	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Ye	ar-to	2000 T									
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE OF
ITEMIZED DISBURSEMENTS	Use separate scheduled for each category of the	(0.100)] [] []
	Detailed Summary Page	V 21b	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or ne and address of any pol	used by any pers	on for the purpose of s	oliciting contributions
NAME OF COMMITTEE (In Full)				
CONSERVATIVE Full Name (Last, First, Middle Initial)	NATIONA	7L (COMMITT	EE
A. JOHN G1221			Date of Disburseme	
Mailing Address O. Box 10132	6		رق کی	2009
	State Zip Code 22/	0		
Purpose of Disbursement ADMINISTRATIVE EXI	PENSE	001	Amount of Each Dis	bursement this Period
Candidate Name	PRIOR	Category/	**************************************	Processing of the State of the
	<u> </u>	Type	incodes a Marit Rose decreas	500
H ! H-1	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)	•			
B. RALPH GALLIANO	2		Date of Disburseme	Ut . ` & & & & & & & & & & & & & & & & & &
Mailing Address Box 10132	(70 75	2009
City ARLINGTON S	State Zip Code P22/	0		
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Office Sought: House Disbursem		.L 23,		
	Primary [] General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. JOHN GIZZI			Date of Disbursemen	
Mailing Address 10, Box 10132	6		10 20	2009
City ARLINGTON S	tate Zip Code A ユュン/	0		
Purpose of Disbursement ADMINUTRATIVE EX	PENSE	201	Amount of Each Dist	nurregment this Desired
Candidate Name	T E C	Category/ Type	Marie Marie Sarrige Balletin Sarringe College	750 -
Office Sought: House Disburseme	_		A recording to the sample could resumb	Na Complete (Proceduralise of Miles and Ass. 11.5)
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Primary ☐ General Other (specify) ▼			
State: District:	(5)			
SUBTOTAL of Disbursements This Page (optional))	the many and a second of the second s	and the second second of the second second
TOTAL This Period (last page this line number only)	. H 13 4	>	the smaller was been all the continuents	1500-

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBE		PAGE C	OF
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Any information copied from such Reports and Statement	ts may not be sold or used	by any person for th	e purpose of so	iciting contribut	tions
or tor commercial purposes, other than using the name a	and address of any political	committee to solicit of	contributions from	such committe	ee.
NAME OF COMMITTEE (In Full)					
CONSERVATUE Name (Last, First, Middle Initial)	14TIONAL CO	MMITTER			·
Full Name (Last, First, Middle Initial) A.		Date	of Disbursement	!	
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500 Janacia Valler Ro	Soute 3	360		200	Z
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	mary General				
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Full Name (Last, First, Middle Initial)				<u> </u>	N
B. Doug Hoffman for Co	NGMESS	Date	of Disbursemen	! / 	7
Mailing Address			0 78	200	2]
City State	Zip Code				
City Savanac Lake No.	Zip Code 12983				
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City State	Zip Code				
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SUBTOTAL of Disbursements This Page (optional)		<u></u>			
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TOTAL This Period (last page this line number only)	!! ;!			750	

SCHEDULE D (FEC Form 3X)	(Use separate PAGE / OF 5
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER: for each (check only one)
Excluding Loans	numbered line)
NAME OF COMMITTEE (In Full)	2 111
Conservative National (والمعرب التقرير والمتراج والمراجع والمسهد والمسابقة المرزوسين والمساب والمتراج والمروض والمراجع والمراجع
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company	Nature of Debt (Purpose): List Rental
1430 Springhill Road # 470	
McLean VA 22102	<u> </u>
Outstanding Balance Beginning This Period	
1926939	
Amount Incurred This Period Payment This Pe	riod Outstanding Balance at Close of This Period
0. 0	1926939
D. S. II Nove II and Single Addid to Indian of Dahlar or Creditor	Nature of Debt (Purpose):
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bruce W. Ebenle & Associa	
	75.127.21.51.5
Mailing Address 1430 Springhill Road # 490	
City Mc Lean. VA 22/02	
Outstanding Balance Beginning This Period	
1.79740	
Amount Incurred This Period Payment This Per	riod Outstanding Balance at Close of This Period
0	179740
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
GRAPHICS	Graphics
Mailing Address 8330 Old Courthouse Road	4.
City State Zip Code	80
Outstanding Balance Beginning This Period	
391.56	
Amount Incurred This Period Payment This Peri	od Outstanding Salance at Close of This Period
	32/56
1) SUBTOTALS This Period This Page (optional)	2145835
2) TOTALS This Period (last page this line number only)	Annaham Annaha
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	are characteristic and an in the characteristic and an interest and
4) ADD 2) and 3) and carry toward to appropriate line of Summary Page (last pr	age only)
FEC Schedule D (Form 3X) (Revised 1/01)	to an absence of the state of t

SCHEDULE D (FEC Form 3X)	[(Use separate	PAGE 2-OF 5
DEBTS AND OBLIGATIONS	!	schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full) Consorrative National	Committ	es	
			ebt (Purpose):
A. Full Name (Last, First, Middle Initial) of Debtor or Credito	f ! i		eputer Printing
Mailing Address 30 Old Courthou	sa Road		
City State VA Zip Co	2180		
Outstanding Balance Beginning This Period]		
753877			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
2	O		153877
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	<u></u>	Nature of D	ebt (Purpose):
L) 1 B		ì	cilling Services
Mailing Address 2727 Marrilee Drive			O
City - State Zip Cox			
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C. Full Name (Last, First, Middle Initial) of Debtor or Credito	,	, _	ebt (Purpose):
ARICO Systems		Con	apoter Hinting
Mailing Address 853 Nutley Stre			
City Fairfax VA	Zip Code 2203/		
Outstanding Balance Beginning This Period			•
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Amount Incurred This Period P	Payment This Period	Outstandin	g Balance at Close of This Period
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4) ADD 2) and 3) and carry forward to appropriate line of Summ	ary Page (last page only)	•	The second second second
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S	CHEDULE D (FEC Form 3X)	,	(Use separate	PAGE 3 OF 5
D	EBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
	cluding Loans	<u>:</u>	numbered line)	110
N	AME OF COMMITTEE (In Full)	ittee		
L	Conservetive National Comm	الماسي سيرد بداسينين	Nature of D	Pebt (Purpose):
	ANDIEWS REPRODUCTION CENTER	R		LINTING_
	Mailing Address 10101-J Bacon Drive	<u> </u>		
	Belleville MD Zip Code	20705		
	Outstanding Balance Beginning This Period			
	609.720	li		
	Amount Incurred This Period Pa	yment This Period	Outstandi	ng Balance at Close of This Period
	J	0		609720
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	<u>!</u>	Nature of D	ebt (Purpose):
	Canter, Kont & Sullivan	†	Le	gal Services
	Mailing Address	1 1 ··	─	,
	City State Zip Code			
		006		
	Outstanding Balance Beginning This Period			
	48-25.7.8.81			
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	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	· ·)	ebt (Purpose):
	Southeast Printing	_	PRIN	TING SERVICES
	Mailing Address 2401 Wilson Blud.			
	City Arlington VA State	Zip Code 2326		
	Outstanding Salance Beginning This Period			
	39906			
	Amount Incurred This Period Pay	ment This Period	Outstandin	g Balance at Close of This Period
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3)	TOTAL OUTSTANDING LOANS from Schedule C (last page or	ly)	b	Minimum de marie de la companya del companya del companya de la co
4)	ADD 2) and 3) and carry forward to appropriate line of Summar	y Page (last page only)	I Luman	directed and back of melicines
FEC S	chedule D (Form 3X) (Revised 1/01)		* 	

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 4 OF 5
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER: (check only one)
Excluding Loans	for each numbered line)	(Crieck only one)
NAME OF COMMITTEE (In Full)		
CONSERVATIVE WATIONAL COMMI	TTEE	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
DIVERSIFIED MAILING SERVICES	MAIL	LING SERVICES
Malling Address		
City State Zip Code		
FREDERICKSBURG VA 22401		
Outstanding Balance Beginning This Period		
4.4.3.1.6		
Amount incurred This Period Payment This Period	Outstandin	g Balance at Close of This Period
		44316
8. Full Name (Last, First, Middle Initial) of Debtor or Creditor	_	ebt (Purpose):
SIR SPEEDY PRINTING CENTERS	1121	NTING.
Mailing Address 5881 LEESBURG PIKE		
City State Zip Code		
FALLS CHURCH VA 22041		
Outstanding Balance Beginning This Period		
8.7.5.2.2		
Amount incurred This Period Payment This Period	Outstandin	g Balance at Close of This Period
		8.752.2
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	I Noture of De	abt (Purpose):
	f _	PUTER SERVICES
SATURN CORPORATION	Com	ruter vervices
Mailing Address 4701 LYDELL ROAD	į.	
City State Zip Code		
CHEVERLY MD 20781		
Outstanding Balance Beginning This Period		
9.7.8.8.≥		
Amount Incurred This Period Payment This Period	Outstanding	Balance at Close of This Period
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2) TOTALS This Period (last page this line number only)	<u> </u>	
3) TOTAL OUTSTANDING LOANS from Schedule C (last plage only)	. >	
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SCHEDULE D (FEC Form 3X)		Γ	(Use separ	rate	PAGE 5 OF 5
DEBTS AND OBLIGATIONS	;		schedule((s)	FOR LINE NUMBER: (check only one)
Excluding Loans			for each		(Crieck Dilly Orle)
NAME OF COMMITTEE (In Full)					
CONSERVATIVE	NAT	YOURL COMM	ITTEE		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	r	Natur		ot (Purpose):
JAMES K. JEAN	BLAN	c	\	EGA	ic Services
Mailing Address 1730 M ST	NW				
City State WASHINGTON I		20036			
Outstanding Balance Beginning This Period	j				
1,20016.3	İ				
Amount Incurred This Period	F	Payment This Period	Out	standing	Balance at Close of This Period
0		**			12001 63
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Natur	e of Det	ot (Purpose):
Mailing Address			—		
City State	Zip Cod	<u> </u>			·
J.,					
Outstanding Balance Beginning This Period			-	_	
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Amount Incurred This Period	F	Payment This Period	Out	standing	Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	e of Deb	ot (Purpose):
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Mailing Address					
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City	State	Zip Code	}		
Outstanding Balance Beginning This Period					
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1) SUBTOTALS This Period This Page (optional)			• <u>C</u>		1200163
2) TOTALS This Period (last page this line number of	nlvi		7 7		
3) TOTAL OUTSTANDING LOANS from Schedule C			- =		
4) ADD 2) and 3) and carry forward to engropries lie		only)	_ 		9493083
4) ADD 2) 200 3) 200 comu fonuerd to engrandate lie	a of Cilma	annı Dana Nası sasa askı			T U T-5 (2) A 3(1)

(3/2005)

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