

RECEIVED
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**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 NATIONAL COMMITTEE

ADDRESS (number and street)

PO BOX 101326

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22210-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00139097

3. IS THIS REPORT

☒ NEW

(N)

OR

☐ AMENDED

(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

- ☐ Primary (12P) ☐ General (12B) ☐ Runoff (12B)
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

06 / 01 / 2011

through

06 / 30 / 2011

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 RALPH J. GALLIANO

Signature of Treasurer



Date

07 / 18 / 2011

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

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From:

06 ' 01 ' 2011

To:

06 ' 30 ' 2011

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1, 2011

376,340

(b) Cash on Hand at
Beginning of Reporting Period.....

618,375

(c) Total Receipts (from Line 19)

1000 -

8250 -

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

718,375

1,201,340

7. Total Disbursements (from Line 31).....

1000 -

582,965

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

618,375

618,375

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

949,308 2



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

1030632119

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From:

06 ' 01 ' 2011

To:

06 ' 30 ' 2011

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).....

1,000 -

8,000 -

(ii) Unitemized.....

0

0

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

1,000 -

8,000 -

(b) Political Party Committees.....

0

0

**(c) Other Political Committees
(such as PACs).....**

0

0

**(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶**

1,000 -

8,000 -

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

**16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....**

0

250 -

**17. Other Federal Receipts
(Dividends, Interest, etc.).....**

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

1,000 -

8,250 -

**20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶**

1,000 -

8,250 -

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)	1,000-	8,000-
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,000-	8,000-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	750-	5,829.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	750-	5,829.65

11030632122

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE	OF
(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 NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
P ROBERT FANNIN

Mailing Address
5210 N. 31ST PLACE

City **PHOENIX** State **AZ** Zip Code **85016**

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

Name of Employer **STEPPE & JOHNSON LLP** Occupation **ATTORNEY**

Receipt For:
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000-

Date of Receipt

06 / 27 / 2011

Amount of Each Receipt this Period

1000-

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

1000-

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN GIZZI

Mailing Address

P.O. Box 101326

City

ARLINGTON

State

VA

Zip Code

22210

Purpose of Disbursement

CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

500-

Full Name (Last, First, Middle Initial)

B. RALPH GALLIANO

Mailing Address

P.O. Box 101326

City

ARLINGTON

State

VA

Zip Code

22210

Purpose of Disbursement

CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

250-

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

750-

11030632124

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

PAGE 1 OF 1

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NAME OF COMMITTEE (in Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. CRAIG HUEY FOR CONGRESS

Mailing Address

P.O. Box 5404

City

TORRENCE

State

CA

Zip Code

90570

Purpose of Disbursement

CONTRIBUTION

Candidate Name

CRAIG HUEY

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify)

SPECIAL

State: CA

District: 36

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

250.-

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

250.-

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 5

FOR LINE NUMBER:
(check only one)

9
☒ 10

NAME OF COMMITTEE (In Full)

Conservative National Committee

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

Omega List Company

Nature of Debt (Purpose):

List Rental

Mailing Address

1430 Springhill Road #490

City

State

McLean

VA

Zip Code

22102

Outstanding Balance Beginning This Period

19,269.39

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

19,269.39

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

Bruce W. Eberle & Associates

Nature of Debt (Purpose):

Fundraising

Mailing Address

1430 Springhill Road #490

City

State

McLean

VA

Zip Code

22102

Outstanding Balance Beginning This Period

17,974.00

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

17,974.00

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

GRAPHICS

Nature of Debt (Purpose):

Graphics

Mailing Address

8330 Old Courthouse Road

City

Vienna

State

VA

Zip Code

22180

Outstanding Balance Beginning This Period

3,915.60

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

3,915.60

1) SUBTOTALS This Period This Page (optional)

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

21,458.35

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 2 OF 5

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Conservative National Committee

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

CCI

Nature of Debt (Purpose):

Computer Printing

Mailing Address

8330 Old Courthouse Road

City

Vienna

State

VA

Zip Code

22180

Outstanding Balance Beginning This Period

153877

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

153877

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

WIB

Nature of Debt (Purpose):

Mailing Services

Mailing Address

2727 Marilee Drive

City

Fairfax

State

VA

Zip Code

22031

Outstanding Balance Beginning This Period

1122710

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1122710

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

ARCO Systems

Nature of Debt (Purpose):

Computer Printing

Mailing Address

2853 Nutley Street

City

Fairfax

State

VA

Zip Code

22031

Outstanding Balance Beginning This Period

1165163

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1165163

1) SUBTOTALS This Period This Page (optional)

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

2441750

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 3 OF 5

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Conservative National Committee

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

ANDREWS REPRODUCTION CENTER

Nature of Debt (Purpose):

PRINTING

Mailing Address

10101-J Bacon Drive

City

Beltsville

State

MD

Zip Code

20705

Outstanding Balance Beginning This Period

609720

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

609720

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

Center, Kent & Sullivan

Nature of Debt (Purpose):

Legal Services

Mailing Address

2020 K Street, N.W.

City

Washington

State

DC

Zip Code

20006

Outstanding Balance Beginning This Period

2825988

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2825988

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

Southeast Printing

Nature of Debt (Purpose):

PRINTING SERVICES

Mailing Address

2401 Wilson Blvd.

City

Arlington

VA

State

Zip Code

22201

Outstanding Balance Beginning This Period

39906

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

39906

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

3475614

11030632128

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE 4 OF 5

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

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

DIVERSIFIED MAILING SERVICES

Nature of Debt (Purpose):

MAILING SERVICES

Mailing Address

4333 DAVENPORT ROAD

City

State

Zip Code

FREDERICKSBURG VA 22401

Outstanding Balance Beginning This Period

44,316

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

44,316

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

SIR SPEEDY PRINTING CENTERS

Nature of Debt (Purpose):

PRINTING

Mailing Address

5881 LEESBURG PIKE

City

State

Zip Code

FALLS CHURCH VA 22041

Outstanding Balance Beginning This Period

8,752.2

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

8,752.2

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

SATURN CORPORATION

Nature of Debt (Purpose):

COMPUTER SERVICES

Mailing Address

4701 LYDELL ROAD

City

State

Zip Code

CHEVERLY MD 20781

Outstanding Balance Beginning This Period

9,788.2

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

9,788.2

1) SUBTOTALS This Period This Page (optional)..... >

229,720

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... >

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >

11030632129

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 5 OF 5

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

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

JAMES K. FEANBLANC

Nature of Debt (Purpose):

LEGAL SERVICES

Mailing Address

1730 M ST NW

City

State

Zip Code

WASHINGTON DC 20036

Outstanding Balance Beginning This Period

12001.63

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

12001.63

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

12001.63

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

949308.2

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☒ Hand Delivered Date of Receipt
7/19/14

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

7/19/14
DATE PREPARED

11030632131