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FEC FORM 3X

Use

Only

FE5AN015

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED FEC MAIL CENTER

2009 DEC -2 AM 9: 30

Rev. 12/2004

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. ICIONSIEIRVATILIVIE INATILIONALL CIOMMUTTEE ADDRESS (number and street) Check if different than previously reported. (ACC) RILINGTONI 12,22,1 **FEC IDENTIFICATION NUMBER** ▼ CITY A STATE A ZIP CODE A 3. IS THIS **NEW AMENDED** REPORT (N) OR (A) TYPE OF REPORT (b) Monthly Aug 20 (M8) Nov 20 (M11) Feb 20 (M2) May 20 (M5) (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) 12-Day Primary (12P) 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 30-Qay (d) Report (Non-election POST-Election Runoff (30R) General (30G) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 111 61 **Covering Period** through certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. RALPH (JALLIAND 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. Office FEC FORM 3X

2903019413

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name NATIONAL COMMITTEE CAISEDVATIVE From: Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

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

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

For further information contact:

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

29030194126

DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 02/2003)

eipts				Page	3
					_

Write or Type Committee Name	IVE NATIONAL COMMITTI	
T	יים יוערייבן ויערייבן	EE 1111 (30) 2009
Report Covering the Period: From:	Chair Amadhaul Buidhisheadpaid	Labeled Collins I have been from
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	500 -	14.0.0.0
(i) Itemized (use Schedule A)		(1/20,0.0.
(ii) Unitemized	0 -	0
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶		1.4.0.0.0
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		//2 2 2 2
Totals to Line 33, page 5)▶	<u> </u>	140.00 -
12. Transfers From Affiliated/Other		The second secon
Party Committees		
3. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	1	1
6. Refunds of Contributions Made		
to Federal Candidates and Other		ما بخور با حد و معالل و الشاري الله من الوصيف في السابق الأسابق الله الإسابق الأسابق الأسابق و الأسابق و الأسابق
Political Committees		
17. Other Federal Receipts	handring handraden den alemaken den ander en den ander en den ander en de ander en de ander en de ander en de En en de ander	
(Dividends, Interest, etc.)	1	
8. Transfers from Non-Federal and Levin Fund	S Territoria de la constitución	
(a) Non-Federal Account		
(from Schedule H3)		
	the state of the s	
(b) Levin Funds (from Schedule H5)		
,,_,,_		
(c) Total Transfers (add 18(a) and 18(b))		Lucia
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5.00-	14,000
O Total Foderal Passints		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	500	14000-
CONTROL FINE TO(C) HOLL FINE 19/	Lucia	L. C. C. T. O. C.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Paragraphic Property of the Control	Calendar real-to-bate
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating Expenditures	/ 4 - 6 -	9 26 2 26
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1000-	9,09309
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees		2350 -
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use concount 1)		
26.	Loan Repayments Made		
27. 28.	Loans Made Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		A second
	(such as PACs)	Lucia	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	ليميم	
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		
			Downstein and Characteristics and Characterist
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		hander the third and the third
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		1.1.4.4.3.09
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	1000	1144309

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)	500-	14,000
34.	Total Contribution Refunds (from Line 28(d))		A 1 A 2
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	500-	14000-
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1000-	9,09,3,09
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0	And the second s
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1000-	909309

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SCHEDULE A (FEC Form 3X)

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

FOR LINE	NUMBER:	PAGE	: 1 _ 0	<u>- ا -</u>
(check only	/ one)			
1 11a	11b	11c	12	
13	14	15	16	17

ITEMIZED RECEIPTS 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 Full Name (Last, First, Middle Initial) <u>MWMHC</u> Date of Receipt Mailing Address BUID AWTHORNE CityO Zip_Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Name of Employer LAWYER SELF Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General **Primary** Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only)

S	CHEDULE B (FEC Form 3X)	(the second ask		PAGE OF	
T	EMIZED DISBURSEMENTS	for each category of the	(check/only	one)	24 25 26
		Detailed Summary Page	27	28a 28b	28c 29 30b
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may not be sold or used ne and address of any politica	d by any perso I committee to	n for the purpose of so solicit contributions from	liciting contributions n such committee.
/	NAME OF COMMITTEE (In Full)		<u>i.</u>		
/	CONSERVATIVE	NATIONAL		OMMITTI	EE
Α.	Full Name (Last, First, Middle Initial)			Date of Disbursemen	
н.	JOHN GIZZI			a walk a second a walk on the second	all the suffice who first a second of
	Mailing Address Box 10	1326		111 05	2009
	ARLING-TON S	State Zip Code Zip Code			
	Purpose of Disbursement ADMINISTRATIVE	EXPENSE	001		oursement this Period
	Candidate Name		Category/ Type	and we first the state of the s	1000-
	Office Sought: House Disbursen	nent For: Primary General	į		
	President	Other (specify) ▼	j		
	State: District: Full Name (Last, First, Middle Initial)	<u> </u>			
В.	Tun realite (East, 1 iist, Milado Illinai)			Date of Disbursemen	ıt
	Mailing Address			Marway amenda	A SOLD STANDARD STAND
	City	State Zip Code			
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	Candidate Name		Category/ Type		ermagnamen passen symme agence symmetring
	Office Sought: House Disbursen Senate				
	F-1 1 F1	Primary ☐ General Other (specify) ▼			
_	State: District:				
C.	Full Name (Last, First, Middle Initial)		ł	Date of Disbursemen	ıt
				M'M' / O'TO	1 Endated States to Soil
	Mailing Address			ter samilar a de la la resultarion de	न्त्रकारकारीकारकारको ज्ञानम् वर्षे व प्रकारकार है। व
	City	State Zip Code			
	Purpose of Disbursement		erreitment ment	Amount of Each Disk	oursement this Period
	Candidate Name		Category/ Type	Bearing a service and the service of	manufactures of the second
	Office Sought: House Disbursen			etasetapetas rumatuspassa toras et a respecto	aki CB digaraki sa mindi kalanga Tdara sebita sa sa
		Primary ☐ General Other (specify) ▼	ŀ		
	State: District:			·	
S	SUBTOTAL of Disbursements This Page (optional)				
T	OTAL This Period (last page this line number only)			and the spice of t	

SCHEDULE !	D (F	FEC	Form	3X)
DEBTS AND	OB	LIGA	TIONS	3

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

PAGE	<u> </u>
FOR LINE NUMBER	:
(check only one)	9
	—

Excluding Loans	for each (check only one) 9 numbered line) 10
NAME OF COMMITTEE (In Full) Conservative National Comm	iHee
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega Lts+ Company	Nature of Debt (Purpose): List Rental
Mailing Address 1430 Springlill Road #490 City State Zip Code	
McLean VA 22102	
Outstanding Balance Beginning This Period	Outstanding Release at Class of This Residen
• Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bruce W. Eberle & Associates	Nature of Debt (Purpose): Fund vaising
Mailing Address 1430 Springhill Road # 490 City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
The second of th	179740
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CRAPHICS	Nature of Debt (Purpose):
Mailing Address 83.30 Old Courthouse Road	
City Vienna State Zip Code 80	
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)	· 2145.8.35
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	Some after a configuration and the second and the second as a seco
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only	y) > = = = = = = = = = = = = = = = = = =

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 2 OF 5
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans	numbered line)	U10
NAME OF COMMITTEE (In Full)		
Conservative National Committ		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	heputer Printing
CCI		APOTER Tring
Mailing Address 30 Old Courthous a Road City State VA Zip Code		
City Vienna VA 22180		
Outstanding Balance Beginning This Perlod Amount Incurred This Perlod Payment This Perlod Outstanding Balance Beginning This Perlod Payment This Perlod	Outstand	ing Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of C	Pebt (Purpose):
WiB	m	eiling Services
Mailing Address Matrilee Drive		
City Fa State VA Zip Code 2003/		
Outstanding Balance Beginning This Period		
1122710		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
		1122710
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Pebt (Purpose):
ARICO Systems	On	nputer Briating
Mailing Address 853 Nutley Street		
City Fairfax State Zip Code 2203/		
Outstanding Balance Beginning This Period		
1165163		
Amount Incurred This Period Payment This Period	Outstandir	ng Balance at Close of This Period
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4) 4 DB 8) and 8) and party legisted to proposition lies of Common Bose float name with		

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 3 OF 5
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER: (check only one) 9
Excluding Loans	numbered line)	L 10
NAME OF COMMITTEE (In Full)		
Conservative National Committee		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANDTEWS REPRODUCTION CENTER		ebt (Purpose):
Mailing Address 10101 - J Bacon Drive		
City Bellsuille MD Zip Code 20705		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
On the state of th		609720
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):
Canter, Kont & Sullivan	Le	gal Services
Mailing Address X Street, N.W.		
City Weshington DC Zip Code 2006		
Outstanding Balance Beginning This Period		
2825988		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
Process of Charles and Control of the Control of th		2825988
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	1 -	ebt (Purpose):
Southeest Printing	PRIN	TING SERVICES
Mailing Address 2401 Wilson Blw.		
City Arlington VA State Zip Code 22201		
Outstanding Balance Beginning This Period		
39906		
Amount Incurred This Period Payment This Period	Outstandia	ng Balance at Close of This Period
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FEC Schedule 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:
Excluding Loans	for each numbered line)	(check 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	lebt (Purpose):
DIVERSIFIED MAILING SERVICES	MAI	LING SERVICES
Mailing Address 4333 DAVENFORT ROAD City State Zip Code		
City State Zip Code FREDERICKS BURG VA 22 401		
Outstanding Balance Beginning This Period		
4.4.3.1.6		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
		44316
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of C	lebt (Purpose):
		INTING
SIR SPEEDY PRINTING CENTERS		, , , , , , , , , , , , , , , , , , ,
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	Outstandi	ng Balance at Close of This Period
		8.7522
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
SATURN CORPORATION	Com	PUTER SERVICES
Mailing Address		
City LYDELL ROAD Zip Code		
CITY State Zip Code 2078		
Outstanding Balance Beginning This Period		
9.7.8-8.2		
Amount incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
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2) TOTALS This Period (last page this line number only)		
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only	y) >	

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)

Excluding Loans	numbered line)	10
NAME OF COMMITTEE (In Full)		
CONSERVATIVE NATIONAL COMI	NITTEE	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpos	se):
JAMES K. FEANBLANC	LEGAL S	ERUICES
Malling Address 1730 M ST NW City State Zip Code 2003 (
City State WASHINGTON D C 20036		
Outstanding Balance Beginning This Period		
1200163		
Amount Incurred This Period Payment This Period	Outstanding Balance	at Close of This Period
ð. Ð		200163
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpos	se):
·		
Mailing Address		
City State Zip Code		
Outstanding Release Regioning This Region		
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 (Purpos	se):
·		
Mailing Address		
City State Zip Code		
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Altourit incured this Period Payment this Period	Outstanding Balance	at Close of This Period
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TOTALS This Period (last page this line number only)		
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nly) ▶	493082

PREPARER

(3/2005)

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify):

DATE PREPARED