

**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

Check if different  
than previously  
reported. (ACC)

ATTN: SCOTT B MACKENZIE

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00524454

3. IS THIS  
REPORTNEW  
(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 (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

M M M

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

MACKENZIE, SCOTT B, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MACKENZIE, SCOTT B, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2018

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date                                     |
|---|---|---|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2018</span> |   | <span style="border: 1px solid black; padding: 2px;">43517.15</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">43517.15</span>  |   |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">93878.98</span>  | <span style="border: 1px solid black; padding: 2px;">93878.98</span>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">137396.13</span> | <span style="border: 1px solid black; padding: 2px;">137396.13</span> |
| 7. Total Disbursements (from Line 31) .....   | <span style="border: 1px solid black; padding: 2px;">86281.79</span>  | <span style="border: 1px solid black; padding: 2px;">86281.79</span>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <span style="border: 1px solid black; padding: 2px;">51114.34</span>  | <span style="border: 1px solid black; padding: 2px;">51114.34</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">100810.18</span> |   |



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. 05/2016)

Page 3

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 8 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 1 | 8 |

| <b>I. Receipts</b>  | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>Calendar Year-to-Date |
|---|--------------------------------------|--|
| 11. Contributions (other than loans) From:  |                                      |  |
| (a) Individuals/Persons Other Than Political Committees   |                                      |  |
| (i) Itemized (use Schedule A).....  | 1725.00                              | 1725.00                                  |
| (ii) Unitemized .....   | 92153.98                             | 92153.98                                 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 93878.98                             | 93878.98                                 |
| (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) .....  | 93878.98                             | 93878.98                                 |
| 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)) .....                         | 93878.98                             | 93878.98                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 93878.98                             | 93878.98                                 |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 29887.41                      | 29887.41                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 29887.41                      | 29887.41                          |
| 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) .....  | 13234.82                      | 13234.82                          |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 43159.56                      | 43159.56                          |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 86281.79                      | 86281.79                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 86281.79                      | 86281.79                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 93878.98                              | 93878.98                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 93878.98                              | 93878.98                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 29887.41                              | 29887.41                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 29887.41                              | 29887.41                                  |

# **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 31

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ARCHER 774, LYNNE, , MS,**

Mailing Address 20 SAINT PETERS WALK

City  
SUGAR LAND

State  
TX

Zip Code  
77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARCHER KIA/VOLKSWAGEN

Occupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2018

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ARCHER 774, LYNNE, , MS,**

Mailing Address 20 SAINT PETERS WALK

City  
SUGAR LAND

State  
TX

Zip Code  
77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARCHER KIA/VOLKSWAGEN

Occupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2018

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BEASON 773, JOHN W, , MR,**

Mailing Address 1440 BRAZOS DR APT 159

City  
HUNTSVILLE

State  
TX

Zip Code  
77320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
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  
02 / 14 / 2018

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

# **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 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOND 352, WINIFRED P, , MS,**

Mailing Address 2385 DOLLY RIDGE RD  
 STE 242E

City  
 VESTAVIA

State  
 AL

Zip Code  
 35243

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2018

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DOUGLAS 600, NORMA, , MS,**

Mailing Address 80 ARLINGTON RD

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 NONE

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2018

Transaction ID : SA11AI.5121

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FLEMING 770, SHARON, , MRS,**

Mailing Address 11826 CHASE LAKE DR

City

HOUSTON

State

TX

Zip Code

77077

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 JEOPHYSICA INSIGHTS

Occupation (for Individual)  
 CONSULTANT

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  
 01 / 08 / 2018

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

50.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GRIFFITH 330, BARBARA, , MS,**

Mailing Address 1178 GRANT ST

City  
HOLLYWOOD

State  
FL

Zip Code  
33019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

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  
03 / 28 / 2018

Transaction ID : SA11AI.5630

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRIFFITH 330, BARBARA, , MS,**

Mailing Address 1178 GRANT ST

City  
HOLLYWOOD

State  
FL

Zip Code  
33019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
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  
03 / 30 / 2018

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARTWELL 661, SHARILYN, , MS,**

Mailing Address 405 N 80TH TER

City  
KANSAS CITY

State  
KS

Zip Code  
66112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

- 35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2018

Transaction ID : SA11AI.5743

Amount of Each Receipt this Period

- 35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

115.00



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

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HERR 170, PAUL N., MR,**

Mailing Address 48 ROBIN RD

City  
HERSHEYState  
PAZip Code  
17033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

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  
 03 / 29 / 2018

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HESS 207, SOLANGE T., MS,**Mailing Address 2 RIDGE RD  
UNIT ACity  
GREENBELTState  
MDZip Code  
20770FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 15.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2018

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period

- 15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEVINSON 787, CAROLYN P., MS,**

Mailing Address 11146 PINEHURST DR

City  
AUSTINState  
TXZip Code  
78747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

- 25.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2018

Transaction ID : SA11AI.6411

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEVINSON 787, CAROLYN P, , MS,**

Mailing Address 11146 PINEHURST DR

City  
AUSTIN

State  
TX

Zip Code  
78747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 50.00

Date of Receipt

01 / 10 / 2018

Transaction ID : SA11AI.6412

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOORE 631, AL, , MR,**

Mailing Address 9910 PAGE AVE

City

SAINT LOUIS

State

MO

Zip Code

63132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOORE FOOD DISTRIBUTORS

Occupation (for Individual)  
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 05 / 2018

Transaction ID : SA11AI.6850

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OLESON 522, ELIZABETH, , MRS,**

Mailing Address 807 4TH ST

City

KALONA

State

IA

Zip Code

52247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MANFIELD FOUNDATION

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 19 / 2018

Transaction ID : SA11AI.7080

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

375.00

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

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

FOR LINE NUMBER: PAGE 11 OF 31  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <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             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PITCAIRN 190, PHYLLIS B, , MS,**

Mailing Address PO BOX 550

City  
BRYN ATHYN

State  
PA

Zip Code  
19009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

03 / 26 / 2018

Transaction ID : SA11AI.7252

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RATICO 087, BETTY E, , MS,**

Mailing Address 1718 YORKTOWNE BLVD

City  
TOMS RIVER

State  
NJ

Zip Code  
08753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 20.00

Date of Receipt

03 / 15 / 2018

Transaction ID : SA11AI.7364

Amount of Each Receipt this Period

- 20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REYES 208, JOSEPH A, , MR,**

Mailing Address 10712 ALLOWAY DR

City  
POTOMAC

State  
MD

Zip Code  
20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OWNER

Occupation (for Individual)  
CUTLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2018

Transaction ID : SA11AI.7412

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

330.00

# **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 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RICHARDS 980, GORDON, , MR,**

Mailing Address 10000 MEYDENBAUER WAY SE  
 APT 5

City  
 BELLEVUE

State  
 WA

Zip Code  
 98004

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2018

Transaction ID : SA11AI.7437

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROSENBERG 066, HERBERT, , MR,**

Mailing Address 87 ARDEN RD

City

TRUMBULL

State

CT

Zip Code

06611

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 NONE

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 12 / 2018

Transaction ID : SA11AI.7519

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RUCCO 112, FRANCES J, , MS,**

Mailing Address 2565 E 1ST ST

City

BROOKLYN

State

NY

Zip Code

11223

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 NONE

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

- 50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 14 / 2018

Transaction ID : SA11AI.7553

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

- 25.00

# **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 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STRAYER 430, MARY J., MS,**

Mailing Address 13505 STATE ROUTE 347

City  
MARYSVILLE

State  
OH

Zip Code  
43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2018

Transaction ID : SA11AI.8016

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STROOBANT 894, GLENDA, , MS,**

Mailing Address POBOX6719

City  
GARDNERVILLE

State  
NV

Zip Code  
89460

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FGS AND ASSOCIATES LLC

Occupation (for Individual)  
CORP OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2018

Transaction ID : SA11AI.8026

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STRUIKSMA 907, MARVIN J., MR,**

Mailing Address 18360 SUMMER AVE

City  
ARTESIA

State  
CA

Zip Code  
90701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST COAST SANDS INC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2018

Transaction ID : SA11AI.8033

Amount of Each Receipt this Period

245.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

95.00

# **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 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WHITNEY 535, CAROL, , MR,**

Mailing Address 1766 SPRUCE ST

City  
BELOIT

State  
WI

Zip Code  
53511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2018

Transaction ID : SA11AI.8452

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

- 25.00

1725.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. BAKER HOSTETLER**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8616**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BAKER HOSTETLER**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 2 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8617**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKER HOSTETLER**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8618**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE DISCOUNT

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8619**

Amount of Each Disbursement this Period

437.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT INTERCHNG SERVICE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8620**

Amount of Each Disbursement this Period

426.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8621**

Amount of Each Disbursement this Period

41.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

906.08



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 0 | 9 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8622**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 1 | 8 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8623**

Amount of Each Disbursement this Period

156.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT INTERCHNG SERVICE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8626**

Amount of Each Disbursement this Period

403.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

580.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE DISCOUNT

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 05    |   | 2018      |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8627**

Amount of Each Disbursement this Period

367.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 05    |   | 2018      |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8628**

Amount of Each Disbursement this Period

41.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 07    |   | 2018      |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8629**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

428.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 6 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8630**

Amount of Each Disbursement this Period

146.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 2 | 1 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8631**

Amount of Each Disbursement this Period

79.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE DISCOUNT

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8632**

Amount of Each Disbursement this Period

71.01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

297.21

**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 PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT INTERCHNG SERVICE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8633**

Amount of Each Disbursement this Period

744.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICE FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8634**

Amount of Each Disbursement this Period

521.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 7 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8635**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1285.38

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   |   | 1 | 6 |   |   |   | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8636**

Amount of Each Disbursement this Period

174.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IMAGINE IT DESIGN**

Mailing Address 1052 LYNN ROMERO DR

City  
BREAUX BRIDGEState  
LAZip Code  
70517Purpose of Disbursement  
CONSULTING - SOCIAL MEDIA

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   |   | 0 | 8 |   |   |   | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8640**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: TELEMARKETING

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   |   | 0 | 9 |   |   |   | 2 | 0 | 1 | 8 |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8645**

Amount of Each Disbursement this Period

9443.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 3 | 1 | 1 | 7 | . | 9 | 1 |
|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: TELEMARKETING

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 2 | 4 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8646**

Amount of Each Disbursement this Period

8041.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: TELEMARKETING

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 3 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8647**

Amount of Each Disbursement this Period

12691.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: TELEMARKETING

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 2 | 7 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8648**

Amount of Each Disbursement this Period

14203.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

34936.44

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: TELEMARKETING

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 9 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8649**

Amount of Each Disbursement this Period

16809.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
LN 21b DISBURSEMENTS ALLOCATED TO LN 29

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 3 | 1 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8661**

Amount of Each Disbursement this Period

- 43159.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
LN 21b DISBURSEMENTS ALLOCATED TO LN 24

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 3 | 1 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8662**

Amount of Each Disbursement this Period

- 13234.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

- 39584.64



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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 |

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8641**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 2 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8642**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8643**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 31

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. UPT STRATEGIES**

Mailing Address PO BOX 31403

City  
CHARLESTONState  
SCZip Code  
29417Purpose of Disbursement  
WEBSITE DEVELOPMENT & HOSTING

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 2 |   |   | 2 | 0 | 1 | 8 |   |   |

FEC Identification Number

C C00524454

**Transaction ID : SB21B.8644**

Amount of Each Disbursement this Period

2750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2750.00

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

29717.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 31

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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 DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
VOTER CONTACT: PRO-TRUMP AGENDA

004

Candidate Name

**CONSERVATIVE MAJORITY FUND**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01    |   | 24    |   | 2018      |

FEC Identification Number

C C00524454

**Transaction ID : SB29.8657**

Amount of Each Disbursement this Period

3825.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
VOTER CONTACT: PRO-TRUMP AGENDA

004

Candidate Name

**CONSERVATIVE MAJORITY FUND**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 13    |   | 2018      |

FEC Identification Number

C C00524454

**Transaction ID : SB29.8658**

Amount of Each Disbursement this Period

11422.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
VOTER CONTACT: PRO-TRUMP AGENDA

004

Candidate Name

**CONSERVATIVE MAJORITY FUND**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 27    |   | 2018      |

FEC Identification Number

C C00524454

**Transaction ID : SB29.8659**

Amount of Each Disbursement this Period

12782.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28030.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 31

|                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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 DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
VOTER CONTACT: PRO-TRUMP AGENDA

004

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 19    | / | 2018        |

FEC Identification Number

C C00524454

**Transaction ID : SB29.8660**

Amount of Each Disbursement this Period

15128.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15128.80

43159.56

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 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):

**TELEMARKETING SERVICES**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333

Outstanding Balance Beginning This Period

19000.00

Transaction ID : SD10.4101

Amount Incurred This Period

143000.00

Payment This Period

61189.82

Outstanding Balance at Close of This Period

100810.18

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)..... ►

100810.18

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

100810.18

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

0.00

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

100810.18

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 29 OF 31  
 FOR LINE 24 OF FORM 3X

|   |             |  |   |
|---|-------------|--|---|
| NAME OF COMMITTEE (In Full)<br><b>CONSERVATIVE MAJORITY FUND</b>  |             | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00524454  |   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                              |   |
| Full Name of Payee<br><b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 16 / 2017 |   |
| Mailing Address 325 SPRINGSIDE DRIVE  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">4721.82</span>  |   |
| City<br>AKRON   | State<br>OH | Zip Code<br>44333  | Transaction ID : <b>SE.8652</b>   |
| Purpose of Expenditure<br>VOTER CONTACT CALLS   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span>  | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>01 / 09 / 2018           |
| Name of Federal Candidate:<br>COLLINS, SUSAN M, , ,   |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4721.82</span>   |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2020 <input type="checkbox"/> Other (specify) ▶  |   |
| Full Name of Payee<br><b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 16 / 2017 |   |
| Mailing Address 325 SPRINGSIDE DRIVE  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">4721.82</span>  |   |
| City<br>AKRON   | State<br>OH | Zip Code<br>44333  | Transaction ID : <b>SE.8654</b>   |
| Purpose of Expenditure<br>VOTER CONTACT CALLS   |             | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span>  | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>01 / 09 / 2018           |
| Name of Federal Candidate:<br>CORKER, ROBERT P JR, , ,  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4721.82</span>   |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2018 <input type="checkbox"/> Other (specify) ▶  |   |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <span style="border: 1px solid black; padding: 2px;">9443.64</span>  |   |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <span style="border: 1px solid black; padding: 2px;"></span>   |   |
| (c) TOTAL Independent Expenditures .....  |             | <span style="border: 1px solid black; padding: 2px;"></span>   |   |
| 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. |             |  |   |
| MACKENZIE, SCOTT B, , ,<br>Signature  |             | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>04 / 15 / 2018   |   |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 30 OF 31  
 FOR LINE 24 OF FORM 3X

|   |             |   |   |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full)<br><b>CONSERVATIVE MAJORITY FUND</b>  |             | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00524454   |   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |             | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                 |   |
| Full Name of Payee<br><b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 16 / 2017    |   |
| Mailing Address 325 SPRINGSIDE DRIVE  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">1895.59</span>   |   |
| City<br>AKRON   | State<br>OH | Zip Code<br>44333   | Transaction ID : <b>SE.8653</b>   |
| Purpose of Expenditure<br>VOTER CONTACT CALLS   |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">004</span>  | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>01 / 24 / 2018 |
| Name of Federal Candidate:<br>COLLINS, SUSAN M, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6617.41</span>   |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶          |   |
| Full Name of Payee<br><b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>10 / 16 / 2017    |   |
| Mailing Address 325 SPRINGSIDE DRIVE  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">1895.59</span>   |   |
| City<br>AKRON   | State<br>OH | Zip Code<br>44333   | Transaction ID : <b>SE.8655</b>   |
| Purpose of Expenditure<br>VOTER CONTACT CALLS   |             | Category/Type<br><span style="border: 1px solid black; padding: 2px;">004</span>  | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>01 / 24 / 2018 |
| Name of Federal Candidate:<br>CORKER, ROBERT P JR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6617.41</span>   |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶          |   |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |             | <span style="border: 1px solid black; padding: 2px;">3791.18</span>   |   |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |             | <span style="border: 1px solid black; padding: 2px;"></span>  |   |
| (c) TOTAL Independent Expenditures .....  |             | <span style="border: 1px solid black; padding: 2px;"></span>  |   |
| 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. |             |   |   |
| MACKENZIE, SCOTT B, , ,<br>Signature  |             | Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br>04 / 15 / 2018  |   |

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 31 OF 31  
 FOR LINE 24 OF FORM 3X

|   |                |  |  |   |  |
|---|----------------|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>CONSERVATIVE MAJORITY FUND</b>  |                |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00524454  |   |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report  |                |  | New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>   |   |  |
| Full Name of Payee<br><b>INFOCISION MANAGEMENT CORP</b> <input checked="" type="checkbox"/> Memo Item   |                |  | Date of Public Distribution/Dissemination<br><input type="text" value="MM/DD/YYYY"/> 03 / 12 / 2018  |   |  |
| Mailing Address<br>325 SPRINGSIDE DRIVE   |                |  | Amount<br><input type="text" value="000000.00"/>   |   |  |
| City<br>AKRON   | State<br>OH    | Zip Code<br>44333  | Transaction ID : <b>SE.4109</b>  |   |  |
| Purpose of Expenditure<br>PHONE BANK - VOTER CONTACT CALLS  |                | Category/<br>Type <input type="text" value="004"/>   | Date of Disbursement or Obligation<br><input type="text" value="MM/DD/YYYY"/> 03 / 12 / 2018   |   |  |
| Name of Federal Candidate:<br>TRUMP, DONALD J, ,  |                | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <input type="text" value="000000.00"/>  |                | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |  |   |  |
| Full Name of Payee<br>_____ <input type="checkbox"/> Memo Item  |                |  | Date of Public Distribution/Dissemination<br><input type="text" value="MM/DD/YYYY"/>   |   |  |
| Mailing Address<br>_____  |                |  | Amount<br><input type="text" value="000000.00"/>   |   |  |
| City<br>_____   | State<br>_____ | Zip Code<br>_____  | Date of Disbursement or Obligation<br><input type="text" value="MM/DD/YYYY"/>  |   |  |
| Purpose of Expenditure<br>_____   |                | Category/<br>Type <input type="text" value=""/>  |  |   |  |
| Name of Federal Candidate:<br>_____   |                | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____         |   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <input type="text" value="000000.00"/>  |                | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____            |  |   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |                |  | <input type="text" value="000000.00"/>   |   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....  |                |  | <input type="text" value="000000.00"/>   |   |  |
| (c) TOTAL Independent Expenditures .....  |                |  | <input type="text" value="13234.82"/>  |   |  |
| 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<br><br>MACKENZIE, SCOTT B, ,  |                | [Electronically Filed]   |  | Date <input type="text" value="MM/DD/YYYY"/> 04 / 15 / 2018 |  |