

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CONSERVATIVE MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806

ATTN: SCOTT B MACKENZIE

Check if different than previously reported. (ACC)
 ARLINGTON
VA
22206

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

C C00524454

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(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

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

11 / 29 / 2016 through 12 / 31 / 2016

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

01 / 31 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="8816.68"/>	<input type="text" value="8816.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="75485.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="55655.38"/>	<input type="text" value="1016548.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="131140.38"/>	<input type="text" value="1025364.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49546.20"/>	<input type="text" value="943770.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81594.18"/>	<input type="text" value="81594.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10625.00	80877.00
(ii) Unitemized	45030.38	926752.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55655.38	1007629.29
(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)	55655.38	1007629.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	300.00
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	8618.93
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)).....▶	55655.38	1016548.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55655.38	1016548.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	48046.20	189218.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	48046.20	189218.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	4400.00
24. Independent Expenditures (use Schedule E)	0.00	745467.47
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	1100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	85.00
(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	85.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3500.00
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)) ..	49546.20	943770.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49546.20	943770.72

DETAILED SUMMARY PAGE
of Disbursements

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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)	55655.38	1007629.29
34. Total Contribution Refunds (from Line 28(d))	0.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55655.38	1007544.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48046.20	189218.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48046.20	189218.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. AGEE 370, J MIKE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2796 LEEVILLE PIKE
 City LEBANON State TN Zip Code 37090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2016
Transaction ID : SA11AI.44215
 Amount of Each Receipt this Period 50.00
 Memo Item

B. AHLBUM 330, JON S, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 NW 49TH AVE
 City COCONUT CREEK State FL Zip Code 33063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JON AHLBUM PA Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2016
Transaction ID : SA11AI.44216
 Amount of Each Receipt this Period 75.00
 Memo Item

C. ALTHOUSE 741, CHARLES R, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6228 E OKLAHOMA ST
 City TULSA State OK Zip Code 74115
 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 12 / 26 / 2016
Transaction ID : SA11AI.44224
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. AMBROSE 852, DEBORAH, , MS,
Mailing Address 279 N KENNETH PL

City CHANDLER State AZ Zip Code 85226

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

Name of Employer (for Individual) ARROW SYSTEMS Occupation (for Individual) ARCTRAICT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2016

Transaction ID : SA11AI.44225

Amount of Each Receipt this Period
100.00

Memo Item

B. ANDREAS 852, SHARON L, , MS,
Mailing Address 26417 S DARTFORD DR

City SUN LAKES State AZ Zip Code 85248

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 M / D D D / Y Y Y Y Y Y
 12 / 26 / 2016

Transaction ID : SA11AI.44234

Amount of Each Receipt this Period
75.00

Memo Item

C. BARTRUFF 949, DAVID B, , MR,
Mailing Address 105 DEER HOLLOW RD

City SAN ANSELMO State CA Zip Code 94960

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 M / D D D / Y Y Y Y Y Y
 12 / 12 / 2016

Transaction ID : SA11AI.44266

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 8 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BENISH 605, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 BURR RIDGE CLB

City BURR RIDGE	State IL	Zip Code 60527
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : SA11AI.44280

Amount of Each Receipt this Period
100.00

Memo Item

B. BERGMAN 631, JAN F, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7356 CORNELL AVE

City SAINT LOUIS	State MO	Zip Code 63130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : SA11AI.44288

Amount of Each Receipt this Period
75.00

Memo Item

C. BERRY 112, YVONNE R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE
APT 5J

City BROOKLYN	State NY	Zip Code 11207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2016

Transaction ID : SA11AI.44290

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BETTENHAUSEN 193, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 ACKMAN LN

City COATESVILLE	State PA	Zip Code 19320
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : SA11AI.44291

Amount of Each Receipt this Period
100.00

Memo Item

B. BILLINGS 700, KATHERINE W, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 502 LAVOISIER ST

City GRETNA	State LA	Zip Code 70053
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2016

Transaction ID : SA11AI.44295

Amount of Each Receipt this Period
100.00

Memo Item

C. BJORNSON 019, GEORGE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 HOURIHAN ST

City PEABODY	State MA	Zip Code 01960
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : SA11AI.44458

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BOARD 358, DENNIS E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10302 LEICESTER DR SW

City HUNTSVILLE	State AL	Zip Code 35803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : SA11AI.44475

Amount of Each Receipt this Period
100.00

Memo Item

B. BOSWORTH 922, SANFORD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53748 VIA DONA

City LA QUINTA	State CA	Zip Code 92253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : SA11AI.44490

Amount of Each Receipt this Period
100.00

Memo Item

C. BRAMBLE 207, PETER, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5219 AL JONES DR

City SHADY SIDE	State MD	Zip Code 20764
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BALTIMORE TIMES	Occupation (for Individual) CONTRIBUTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : SA11AI.44507

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BRINSTER 586, LES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12849 49TH ST SW

City BELFIELD	State ND	Zip Code 58622
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2016

Transaction ID : SA11AI.44522

Amount of Each Receipt this Period
25.00

Memo Item

B. BROWN 787, CHARLENE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3229 PARK HILLS DR

City AUSTIN	State TX	Zip Code 78746
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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 M	/	D D D	/	Y Y Y Y Y Y
12		15		2016

Transaction ID : SA11AI.44534

Amount of Each Receipt this Period
100.00

Memo Item

C. BROWNING 028, ROBERT S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 GREENWICH AVE APT C212

City WARWICK	State RI	Zip Code 02886
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DISCHARGED FROM ARMY	Occupation (for Individual) DISABLED VET
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : SA11AI.44535

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BUCHANAN 762, BRYAN K, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 S WOODROW LN
 STE 1
 City DENTON State TX Zip Code 76205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2016
Transaction ID : SA11AI.44311
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. BURNS 747, GEORGE H, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 FERGUSON RD
 City HAWORTH State OK Zip Code 74740
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : SA11AI.44329
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BURTON 371, ALBERT J, , MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6868 N PINSON RD
 City PORTLAND State TN Zip Code 37148
 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 M / D D D / Y Y Y Y Y Y
 12 / 27 / 2016
Transaction ID : SA11AI.44332
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. CLARKSON 469, JOYCE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3293 WOODHAVEN TRL

City KOKOMO	State IN	Zip Code 46902
----------------	-------------	-------------------

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

Name of Employer (for Individual) JOYCE CLARKSON INC	Occupation (for Individual) BUSINESS SERVICES CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2016

Transaction ID : SA11AI.44399

Amount of Each Receipt this Period
75.00

Memo Item

B. COCKLE 981, MICHAEL J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2452 MONTAVISTA PL W

City SEATTLE	State WA	Zip Code 98199
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2016

Transaction ID : SA11AI.44406

Amount of Each Receipt this Period
50.00

Memo Item

C. CORTEZ 770, ROBERT R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8422 SPARKLING SPRINGS DR

City HOUSTON	State TX	Zip Code 77095
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) WELDER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : SA11AI.44445

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. DAVIS 325, JANIS A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5084 MANDAVILLA BLVD

City GULF BREEZE	State FL	Zip Code 32563
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INTERIOR DESIGNER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : SA11AI.44561

Amount of Each Receipt this Period
75.00

Memo Item

B. DESBIENS 037, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 86 CRESCENT LAKE RD

City NEWPORT	State NH	Zip Code 03773
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : SA11AI.44586

Amount of Each Receipt this Period
25.00

Memo Item

C. DILL 373, PHYLLIS, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 DAYCO DR

City DAYTON	State TN	Zip Code 37321
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2016

Transaction ID : SA11AI.44593

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. DRAKE 850, JAMES E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2501 E TURNEY AVE

City PHOENIX	State AZ	Zip Code 85016
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2016

Transaction ID : SA11AI.44616

Amount of Each Receipt this Period
200.00

Memo Item

B. DREILING 983, ANTHONY G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9676 GLENWOOD RD SW

City PORT ORCHARD	State WA	Zip Code 98367
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) AUTO DETAILING
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2016

Transaction ID : SA11AI.44617

Amount of Each Receipt this Period
100.00

Memo Item

C. EAMES 335, ROSS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3910 GALEN CT
APT 2315

City SUN CITY CTR	State FL	Zip Code 33573
----------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12		09		2016

Transaction ID : SA11AI.44635

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 16 OF 44
(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

A. ERICKSON 922, ROSEMARY, , MS,
Mailing Address 257 NW CERRITOS DR

City PALM SPRINGS	State CA	Zip Code 92262
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 19 / 2016
Transaction ID : **SA11AI.44661**

Amount of Each Receipt this Period
100.00

Memo Item

B. FILBRUN 453, DANIEL, , MR,
Mailing Address 659 LAKENGREN DR

City EATON	State OH	Zip Code 45320
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 22 / 2016
Transaction ID : **SA11AI.44685**

Amount of Each Receipt this Period
100.00

Memo Item

C. FIORAMONTI 119, CATHERINE M, , MS,
Mailing Address 70 MAPLE AVE

City SHIRLEY	State NY	Zip Code 11967
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 29 / 2016
Transaction ID : **SA11AI.44689**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. GALANT 487, ERIC R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13270 BELSAY RD

City MILLINGTON	State MI	Zip Code 48746
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : SA11AI.44742

Amount of Each Receipt this Period
100.00

Memo Item

B. GARDNER 446, MARV, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3943 TROON DR

City UNIONTOWN	State OH	Zip Code 44685
-------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : SA11AI.44757

Amount of Each Receipt this Period
100.00

Memo Item

C. GARZA 232, YSIDORE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7814 ANTIONETTE DR

City RICHMOND	State VA	Zip Code 23227
------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2016

Transaction ID : SA11AI.44767

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. GLASPIE 757, SUSAN C, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1480 AN COUNTY ROAD 320

City FRANKSTON	State TX	Zip Code 75763
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2016

Transaction ID : SA11AI.44789

Amount of Each Receipt this Period
100.00

Memo Item

B. GOFF 261, BOB, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2417 PLUM ST

City PARKERSBURG	State WV	Zip Code 26101
---------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : SA11AI.44796

Amount of Each Receipt this Period
200.00

Memo Item

C. GOODLOE 882, BOBBIE J, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 S ROSELAWN AVE

City ARTESIA	State NM	Zip Code 88210
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CONTEL OIL AND GAS	Occupation (for Individual) DRILLING TECH
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2016

Transaction ID : SA11AI.44800

Amount of Each Receipt this Period
75.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
<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

A. GRAHAM 271, NANCY W, , MS,
Mailing Address 1367 PHEASANT LN

City WINSTON SALEM	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 19 / 2016
Transaction ID : **SA11AI.44806**

Amount of Each Receipt this Period
100.00

Memo Item

B. GREEVER 675, RICHARD W, , MR,
Mailing Address 3409 N MAPLE ST

City HUTCHINSON	State KS	Zip Code 67502
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) REALTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 13 / 2016
Transaction ID : **SA11AI.44823**

Amount of Each Receipt this Period
100.00

Memo Item

C. GRETH 196, DAVID, , MR,
Mailing Address 1 CARAMIST DR

City SINKING SPRING	State PA	Zip Code 19608
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) HOME BUILDER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 09 / 2016
Transaction ID : **SA11AI.44826**

Amount of Each Receipt this Period
-100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. GRIFFIN 706, RUSSELL K, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 172 BROOKSIDE RD

City DERIDDER	State LA	Zip Code 70634
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : SA11AI.44829

Amount of Each Receipt this Period
50.00

Memo Item

B. HARMON 230, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5943 OLD GREENWAY DR

City GLEN ALLEN	State VA	Zip Code 23059
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : SA11AI.44877

Amount of Each Receipt this Period
50.00

Memo Item

C. HAYSLETT 280, JAMES M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6325 RIVER FRONT DR

City HARRISBURG	State NC	Zip Code 28075
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

Transaction ID : SA11AI.44890

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. HAZELL 342, KATHLEEN W, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7059 TWIN HILLS TER

City BRADENTON	State FL	Zip Code 34202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : SA11AI.44891

Amount of Each Receipt this Period
200.00

Memo Item

B. HINTZ 560, PHYLLIS, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 ADAMS AVE APT 104

City FAIRMONT	State MN	Zip Code 56031
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : SA11AI.44925

Amount of Each Receipt this Period
100.00

Memo Item

C. HOLYK 127, RAYMOND, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 429 LOGTOWN RD

City PORT JERVIS	State NY	Zip Code 12771
---------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : SA11AI.44942

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HOUNSEL 809, MACK, , MR,		Date of Receipt
Mailing Address 4776 SETON HALL RD		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City	State	Transaction ID : SA11AI.44950
COLORADO SPRINGS	CO	
Zip Code	Amount of Each Receipt this Period	
80918	<input type="text" value="100.00"/>	
FEC ID number of contributing federal political committee.	<input type="checkbox"/> Memo Item	
<input type="text" value="C"/>		
Name of Employer (for Individual)	Occupation (for Individual)	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOWELL 937, LEWIS, , MR,		Date of Receipt
Mailing Address 340 E ANDREWS AVE		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
City	State	Transaction ID : SA11AI.44953
FRESNO	CA	
Zip Code	Amount of Each Receipt this Period	
93704	<input type="text" value="50.00"/>	
FEC ID number of contributing federal political committee.	<input type="checkbox"/> Memo Item	
<input type="text" value="C"/>		
Name of Employer (for Individual)	Occupation (for Individual)	
AMERICAN BEAUTY SUPPLY	SALESMAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUFTON 950, DAVID, , MR,		Date of Receipt
Mailing Address 1455 FONTAINBLEU AVE		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City	State	Transaction ID : SA11AI.44956
MILPITAS	CA	
Zip Code	Amount of Each Receipt this Period	
95035	<input type="text" value="100.00"/>	
FEC ID number of contributing federal political committee.	<input type="checkbox"/> Memo Item	
<input type="text" value="C"/>		
Name of Employer (for Individual)	Occupation (for Individual)	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. HUMMELER 190, MARY B, , MRS,
Mailing Address 1745 MONTGOMERY AVE

City VILLANOVA	State PA	Zip Code 19085
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 16 / 2016
Transaction ID : SA11AI.44960

Amount of Each Receipt this Period
150.00

Memo Item

B. JONES 751, EARLE, , MR,
Mailing Address 934 GREEN ROCK DR

City DUNCANVILLE	State TX	Zip Code 75137
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) REAL ESTATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

Date of Receipt
12 / 28 / 2016
Transaction ID : SA11AI.45015

Amount of Each Receipt this Period
50.00

Memo Item

C. JONES 940, PEGGY B, , MS,
Mailing Address 862 CHILTERN RD

City HILLSBOROUGH	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) PROPERTY MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 350.00

Date of Receipt
12 / 15 / 2016
Transaction ID : SA11AI.45019

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 24 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. JONES 940, PEGGY B, , MS,
Mailing Address 862 CHILTERN RD

City HILLSBOROUGH	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) PROPERTY MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 19 / 2016
Transaction ID : **SA11AI.45018**

Amount of Each Receipt this Period
150.00

Memo Item

B. KALB 349, ARNO G, , MR,
Mailing Address 5080 SE HANSON CIR

City STUART	State FL	Zip Code 34997
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00

Date of Receipt
12 / 16 / 2016
Transaction ID : **SA11AI.45020**

Amount of Each Receipt this Period
100.00

Memo Item

C. KAPLAN 409, NEVA H, , MS,
Mailing Address 106 S ALLISON AVE

City BARBOURVILLE	State KY	Zip Code 40906
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 26 / 2016
Transaction ID : **SA11AI.45021**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. KROLL 600, BEVERLEY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9655 WOODS DR
 UNIT 200406
 City SKOKIE State IL Zip Code 60077
 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 12 / 05 / 2016
Transaction ID : SA11AI.45064
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LAMBERT 570, CHARLOTTE M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SYCAMORE AVE
 APT 24
 City VERMILLION State SD Zip Code 57069
 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 ▼ 800.00

Date of Receipt 12 / 12 / 2016
Transaction ID : SA11AI.45073
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LAWRENCE 671, ANNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2585 162ND RD
 City OXFORD State KS Zip Code 67119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FAMILY FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2016
Transaction ID : SA11AI.45086
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. LAY 462, RANDLE F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7713 BROADVIEW DR

City INDIANAPOLIS	State IN	Zip Code 46227
----------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12		06		2016

Transaction ID : SA11AI.45087

Amount of Each Receipt this Period
100.00

Memo Item

B. LEISE 342, WALTER, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11114 STAR RUSH PL

City LAKEWOOD RANCH	State FL	Zip Code 34202
------------------------	-------------	-------------------

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

Name of Employer (for Individual) SARASOTA MEDICAL	Occupation (for Individual) MEDICAL STAFF
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : SA11AI.45096

Amount of Each Receipt this Period
100.00

Memo Item

C. LOFTON 657, WINTON P, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1663 TALKING ROCKS RD

City REEDS SPRING	State MO	Zip Code 65737
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2016

Transaction ID : SA11AI.45118

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. LOMBARDI 117, GEORGIANA T, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 PEONY RD
 City LEVITTOWN State NY Zip Code 11756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.45121
 Amount of Each Receipt this Period 110.00
 Memo Item

B. MARKO 483, BARBARA S, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1132 WOBURN GRN
 City BLOOMFIELD HILLS State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 05 / 2016
Transaction ID : SA11AI.45155
 Amount of Each Receipt this Period 40.00
 Memo Item

C. MATTINGLY 720, FRANKYE N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 BERRY PATCH DR
 City CABOT State AR Zip Code 72023
 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 ▼ 800.00

Date of Receipt 12 / 13 / 2016
Transaction ID : SA11AI.45178
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MCCLELLAND 480, PATRICK, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19372 WILFRED ST

City ROSEVILLE	State MI	Zip Code 48066
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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 M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : SA11AI.45188

Amount of Each Receipt this Period
100.00

Memo Item

B. MUNIZ 370, SUSAN C, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2280 HENPECK LN

City FRANKLIN	State TN	Zip Code 37064
------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : SA11AI.45284

Amount of Each Receipt this Period
100.00

Memo Item

C. MURPHREY 278, DIANE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3987 MOYE TURNAGE RD

City FARMVILLE	State NC	Zip Code 27828
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RB3 LLC	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2016

Transaction ID : SA11AI.45287

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. NEIDHARDT 440, PAUL D, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7180 CARDINAL LN
 City CHAGRIN FALLS State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLENMEAD TRUST CO Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 30 / 2016
Transaction ID : SA11AI.45304
 Amount of Each Receipt this Period 250.00
 Memo Item

B. NEMBART 146, DARNUS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 469 HAYWARD AVE APT 2
 City ROCHESTER State NY Zip Code 14609
 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 12 / 16 / 2016
Transaction ID : SA11AI.45306
 Amount of Each Receipt this Period 100.00
 Memo Item

C. OYHUS 586, DALE A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13973 FRANKS CREEK RD
 City MEDORA State ND Zip Code 58645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CATTLE RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 02 / 2016
Transaction ID : SA11AI.45344
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. PEARCE 708, JUNE O, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10565 KENLEE DR

City BATON ROUGE	State LA	Zip Code 70815
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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 M	/	D D D	/	Y Y Y Y Y Y
12		20		2016

Transaction ID : SA11AI.45365

Amount of Each Receipt this Period
100.00

Memo Item

B. POWELL 483, CHARLENE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4563 RAVINEWOOD DR

City COMMERCE TOWNSHIP	State MI	Zip Code 48382
---------------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : SA11AI.45396

Amount of Each Receipt this Period
100.00

Memo Item

C. POWELL 810, BRENDA L, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19402 US HIGHWAY 350

City TRINIDAD	State CO	Zip Code 81082
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2016

Transaction ID : SA11AI.45397

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. PRIOR 980, LUCILE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5046 117TH AVE SE

City BELLEVUE	State WA	Zip Code 98006
------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2016

Transaction ID : SA11AI.45405

Amount of Each Receipt this Period
100.00

Memo Item

B. RABON 295, RONALD D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5993 DOUBLE R CIR

City AYNOR	State SC	Zip Code 29511
---------------	-------------	-------------------

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

Name of Employer (for Individual) RONALD RABON DOCK	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2016

Transaction ID : SA11AI.45423

Amount of Each Receipt this Period
100.00

Memo Item

C. RO 019, RUTH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 LYNN FELS PKWY

City SAUGUS	State MA	Zip Code 01906
----------------	-------------	-------------------

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

Name of Employer (for Individual) BOSTON STREET RO FAMILY LLC	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : SA11AI.45460

Amount of Each Receipt this Period
-100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. RODEBAUGH 490, JAMES, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 238
 3565 N MASON RD
 City VERMONTVILLE State MI Zip Code 49096
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2016
Transaction ID : SA11AI.45472
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. RUSTAD 334, NIESA C, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6530 BOCA DEL MAR DR
 APT 135
 City BOCA RATON State FL Zip Code 33433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2016
Transaction ID : SA11AI.45493
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. RYAN 334, ANNE M, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5402 PENNOCK POINT RD
 City JUPITER State FL Zip Code 33458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2016
Transaction ID : SA11AI.45494
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. Sabo 439, Elsie M, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66540 Warnock Saint Clairsvi R
 City St Clairsvle State OH Zip Code 43950
 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 ▼ 400.00

Date of Receipt 12 / 16 / 2016
Transaction ID : SA11AI.45495
 Amount of Each Receipt this Period 200.00
 Memo Item

B. SHADURA 996, ELIZAVETA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 985
 City KASILOF State AK Zip Code 99610
 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 ▼ 205.00

Date of Receipt 11 / 29 / 2016
Transaction ID : SA11AI.45551
 Amount of Each Receipt this Period 75.00
 Memo Item

C. SHAW 024, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458
 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 ▼ 475.00

Date of Receipt 12 / 12 / 2016
Transaction ID : SA11AI.45557
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SMITH 281, MICHAEL S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 CLEGHORN MILL RD

City RUTHERFORDTON	State NC	Zip Code 28139
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REST HOME OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2016

Transaction ID : SA11AI.45588

Amount of Each Receipt this Period
100.00

Memo Item

B. TELAAK 140, NORMAN T, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6900 LAKE SHORE RD

City DERBY	State NY	Zip Code 14047
---------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12		29		2016

Transaction ID : SA11AI.45682

Amount of Each Receipt this Period
100.00

Memo Item

C. THALACKER 548, GARY A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24755 THRESHOLD RD N

City HERTEL	State WI	Zip Code 54845
----------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2016

Transaction ID : SA11AI.45686

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. THOMPSON 168, LEONARD, , MR,
Mailing Address 5035 PHILIPSBURG BIGLER HWY

City WEST DECATUR	State PA	Zip Code 16878
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) MINERALS INC		Occupation (for Individual) PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00

Date of Receipt
12 / 14 / 2016
Transaction ID : SA11AI.45696

Amount of Each Receipt this Period
150.00

Memo Item

B. TORDOFF 020, KAREN, , MS,
Mailing Address 90 HIGHLAND ST

City CANTON	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt
12 / 19 / 2016
Transaction ID : SA11AI.45712

Amount of Each Receipt this Period
100.00

Memo Item

C. TRUMP 634, MARVIS E, , MR,
Mailing Address RR 1
BOX 124

City LURAY	State MO	Zip Code 63453
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 19 / 2016
Transaction ID : SA11AI.45727

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. TRYON 833, SUSAN J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3489

City KETCHUM	State ID	Zip Code 83340
-----------------	----------	-------------------

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

Name of Employer (for Individual) WASHINGTON AVE NORTH LLC	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

Transaction ID : SA11AI.45728

Amount of Each Receipt this Period
50.00

Memo Item

B. WALDEN 647, ROBERT L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 NW 1144 PRIVATE RD

City LEETON	State MO	Zip Code 64761
----------------	-------------	-------------------

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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2016

Transaction ID : SA11AI.45786

Amount of Each Receipt this Period
75.00

Memo Item

C. WALSH 067, GERRI, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 440 ROUTE 7

City WEST CORNWALL	State CT	Zip Code 06796
-----------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

Transaction ID : SA11AI.45795

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. WATTS 327, PAMALA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 S INTERLACHEN AVE
 APT 307
 City WINTER PARK State FL Zip Code 32789
 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 **11 / 29 / 2016**
Transaction ID : SA11AI.45811
 Amount of Each Receipt this Period 100.00
 Memo Item

B. WHYTE 400, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12733 CRESTMOOR CIR
 City PROSPECT State KY Zip Code 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 27 / 2016**
Transaction ID : SA11AI.45840
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WIELAND 614, BOB L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19713 STATE ROUTE 90
 City LAURA State IL Zip Code 61451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRINCEVILLE TIRE SOLUTIONS LLC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 16 / 2016**
Transaction ID : SA11AI.45843
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. WILSON 410, CARRIE E, , MS,
Mailing Address PO BOX 76280

City HIGHLAND HEIGHTS	State KY	Zip Code 41076
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2016
Transaction ID : SA11AI.45854

Amount of Each Receipt this Period
150.00

Memo Item

B. WILSON 630, ANN, , MS,
Mailing Address 730 YORKSHIRE LN

City SAINT CLAIR	State MO	Zip Code 63077
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2016
Transaction ID : SA11AI.45855

Amount of Each Receipt this Period
100.00

Memo Item

C. YSEN 566, LAUREEN A, , MS,
Mailing Address 3354 TOWN ROAD 208

City INTL FALLS	State MN	Zip Code 56649
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) LAYSSEN'S BEST DRESSED KIDS INC	Occupation (for Individual) PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2016
Transaction ID : SA11AI.45896

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	10625.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 2353 TOWN CENTER DR				
City SUGAR LAND	State TX	Zip Code 77478	FEC Identification Number C00524454 Transaction ID : SB21B.45917	
Purpose of Disbursement AMEX COLLECTION FEE			Amount of Each Disbursement this Period 156.44	
Candidate Name CONSERVATIVE MAJORITY FUND			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 2353 TOWN CENTER DR				
City SUGAR LAND	State TX	Zip Code 77478	FEC Identification Number C00524454 Transaction ID : SB21B.45919	
Purpose of Disbursement INTERCHANGE FEE			Amount of Each Disbursement this Period 1067.83	
Candidate Name CONSERVATIVE MAJORITY FUND			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 2353 TOWN CENTER DR				
City SUGAR LAND	State TX	Zip Code 77478	FEC Identification Number C00524454 Transaction ID : SB21B.4592t	
Purpose of Disbursement MERCHANT SERVICE CHARGE			Amount of Each Disbursement this Period 638.73	
Candidate Name CONSERVATIVE MAJORITY FUND			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

SUBTOTAL of Disbursements This Page (optional).....▶	1863.00
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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.45922
City SUGAR LAND	State TX	Zip Code 77478
Purpose of Disbursement WIRE TRANSFER FEE		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.45923
City SUGAR LAND	State TX	Zip Code 77478
Purpose of Disbursement WIRE TRANSFER FEE		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.45911
City SUGAR LAND	State TX	Zip Code 77478
Purpose of Disbursement AMEX DISCOUNT FEE		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 105.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	155.43
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016	
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 Transaction ID : SB21B.45921	
City SUGAR LAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 26.03
Purpose of Disbursement MERCHANT SERVICE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. IMAGINE IT DESIGN LLC		Date of Disbursement MM / DD / YYYY 12 / 09 / 2016	
Mailing Address 100 TEAL LN #34		FEC Identification Number C00524454 Transaction ID : SB21B.45928	
City LAFAYETTE	State LA	Zip Code 70507	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement POST ELECTION WEBSITE UPDATES & GRAPHICS		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. IMAGINE IT DESIGN LLC		Date of Disbursement MM / DD / YYYY 12 / 28 / 2016	
Mailing Address 100 TEAL LN #34		FEC Identification Number C00524454 Transaction ID : SB21B.45925	
City LAFAYETTE	State LA	Zip Code 70507	Amount of Each Disbursement this Period 5500.57
Purpose of Disbursement POST ELECTION WEBSITE UPDATES & GRAPHICS		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	9526.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

A. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 325 SPRINSIDE DRIVE

M M M	/	D D D	/	Y Y Y Y Y
12		05		2016

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
TELEMARKETING

C	C00524454
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Candidate Name
CONSERVATIVE MAJORITY FUND

003
Category/ Type

Transaction ID : SB21B.45924

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

13533.94

Memo Item

B. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 325 SPRINSIDE DRIVE

M M M	/	D D D	/	Y Y Y Y Y
12		29		2016

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
TELEMARKETING

C	C00524454
---	-----------

Candidate Name
CONSERVATIVE MAJORITY FUND

003
Category/ Type

Transaction ID : SB21B.45925

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

21105.65

Memo Item

C. RAISE THE MONEY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 26466

M M M	/	D D D	/	Y Y Y Y Y
11		30		2016

City LITTLE ROCK State AR Zip Code 72221

FEC Identification Number

Purpose of Disbursement
MERCHANT SERVICE CHARGE

C	C00524454
---	-----------

Candidate Name
CONSERVATIVE MAJORITY FUND

001
Category/ Type

Transaction ID : SB21B.4593t

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

26.47

Memo Item

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

34666.06

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

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

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

FOR LINE NUMBER:
(check only one)

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

A. RAISE THE MONEY

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26466

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement
MERCHANT SERVICE CHARGE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 30 / 2016

FEC Identification Number
C00524454
Transaction ID : SB21B.45926
Amount of Each Disbursement this Period
297.11

Memo Item

B. STRATEGIC CAMPAIGN GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 191 MAIN STREET SUITE 310

City ANNAPOLIS State MD Zip Code 22203

Purpose of Disbursement
SOCIAL MEDIA UPDATES / CREATIVE SERVICES / eMAIL CLEAN-UP

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 09 / 2016

FEC Identification Number
C00524454
Transaction ID : SB21B.45931
Amount of Each Disbursement this Period
1500.00

Memo Item

C. WELLS FARGO BANK

Full Name (Last, First, Middle Initial)
Mailing Address 1711 FERN STREET

City ALEXANDRIA State VA Zip Code 22363

Purpose of Disbursement
SERVICE CHARGE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
12 / 30 / 2016

FEC Identification Number
C00524454
Transaction ID : SB21B.45933
Amount of Each Disbursement this Period
14.00

Memo Item

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

1811.11

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

48022.20

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. JOHN KENNEDY FOR US

Mailing Address 2900 CLEARVIEW PKWY
SUITE 206

City METAIRIE State LA Zip Code 70006

Purpose of Disbursement
SPECIAL ELECTION 2016 CONTRIBUTION

Category/
Type

Candidate Name
KENNEDY, JOHN NEELY, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District: 00 Special-General

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.45939

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STEPHEN MACKENZIE FOR CONGRESS 2016

Mailing Address PO BOX 7209

City FISHERS State IN Zip Code 46037

Purpose of Disbursement
PRIMARY 2016 - DEBT RETIREMENT

Category/
Type

Candidate Name
MACKENZIE, STEPHEN M, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)
State: IN District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.45938

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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