

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="127851.13"/>	<input type="text" value="127851.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69101.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="432894.30"/>	<input type="text" value="885596.89"/>
(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="501995.57"/>	<input type="text" value="1013448.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="462498.83"/>	<input type="text" value="973951.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39496.74"/>	<input type="text" value="39496.74"/>
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="87349.91"/>	

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).....	55175.00	76280.57
(ii) Unitemized	368207.75	796922.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	423382.75	873203.50
(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)	423382.75	873203.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9511.55	12393.39
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))..... ▶	432894.30	885596.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	432894.30	885596.89

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	452498.83	947756.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	452498.83	947756.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	11125.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	70.00
(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	70.00
29. Other Disbursements	2500.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	462498.83	973951.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	462498.83	973951.28

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)	423382.75	873203.50
34. Total Contribution Refunds (from Line 28(d))	0.00	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	423382.75	873133.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	452498.83	947756.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	452498.83	947756.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 139
	(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

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. MS MARGARET T ADAMS 366
 Full Name (Last, First, Middle Initial)
 Mailing Address 8240 HEALY DR
 City MOBILE State AL Zip Code 36695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 06 / 25 / 2014
Transaction ID : SA11AI.47416
 Amount of Each Receipt this Period
 100.00

B. MR MAX U AKPIK 997
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 88
 City WAINWRIGHT State AK Zip Code 99782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.34018
 Amount of Each Receipt this Period
 450.00

C. MS TAMMY ALLEN 815
 Full Name (Last, First, Middle Initial)
 Mailing Address 3716 CHRISTENSEN CT
 City GRAND JUNCTION State CO Zip Code 81506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSEAUM Occupation
 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
 06 / 02 / 2014
Transaction ID : SA11AI.41549
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 7 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS MARIA G ALTHERR 458
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 W WAYNE ST
 City State Zip Code
 CELINA OH 45822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.34878
 Amount of Each Receipt this Period
 -100.00

B. MRS SANDRA L ALWAY 895
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 VINE ST
 City State Zip Code
 RENO NV 89503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -5.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.30112
 Amount of Each Receipt this Period
 -5.00

C. MR TED E AMSBAUGH 591
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 24TH ST W #329
 City State Zip Code
 BILLINGS MT 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 02 / 2014
Transaction ID : SA11AI.41244
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **-5.00**
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 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT L ANDERSEN 282
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 PERRIN PL
 City CHARLOTTE State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALSTON AND BIRD Occupation
 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
 06 / 09 / 2014
Transaction ID : SA11AI.43591
 Amount of Each Receipt this Period
 300.00

B. MR JERRE A BADER 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 13757 SW ALPINE VW
 City TIGARD State OR Zip Code 97224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 19 / 2014
Transaction ID : SA11AI.46685
 Amount of Each Receipt this Period
 150.00

C. MR KENNETH L BAKER 826
 Full Name (Last, First, Middle Initial)
 Mailing Address 2150 GARDEN CREEK RD
 City CASPER State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROCKY MOUNTIAN BREAK Occupation EMPLOYEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.38862
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 9 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS ALAYNE L BARTLETT 600
 Full Name (Last, First, Middle Initial)
 Mailing Address 4312 SQUIRES GRN
 City RICHMOND State IL Zip Code 60071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 28 / 2014
Transaction ID : SA11AI.36239
 Amount of Each Receipt this Period 75.00

B. MS PEGGY H BAUMANN 532
 Full Name (Last, First, Middle Initial)
 Mailing Address 7860 N PHEASANT LN
 City MILWAUKEE State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2014
Transaction ID : SA11AI.42995
 Amount of Each Receipt this Period 150.00

C. MS GLORIA J BAUN 655
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 BOSA DR
 City SAINT ROBERT State MO Zip Code 65584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 04 / 2014
Transaction ID : SA11AI.32650
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 139
	(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. MRS ORLANDA M BAZIN 662
 Full Name (Last, First, Middle Initial)
 Mailing Address 9600 LEE BLVD
 City SHAWNEE MISSION State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 04 / 23 / 2014
Transaction ID : SA11AI.31038
 Amount of Each Receipt this Period
 150.00

B. MS PEGGY J BENDER 474
 Full Name (Last, First, Middle Initial)
 Mailing Address 4408 N THISTLE DR
 City BLOOMINGTON State IN Zip Code 47408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 05 / 12 / 2014
Transaction ID : SA11AI.37680
 Amount of Each Receipt this Period
 100.00

C. MR HAROLD E BERGDAHL 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 LEISURE WORLD
 City MESA State AZ Zip Code 85206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 05 / 2014
Transaction ID : SA11AI.43064
 Amount of Each Receipt this Period
 100.00

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:	PAGE 11 OF 139
	(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. MS JANICE E BIRKELAND 087
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 RURAL ROUTE 530
 APARTMENT 166
 City WHITING State NJ Zip Code 08759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.41707
 Amount of Each Receipt this Period
 250.00

B. MR MARVIN F BLASKI 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 7401 YORKTOWN AVE
 City HUNTINGTON BEACH State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : SA11AI.31099
 Amount of Each Receipt this Period
 200.00

C. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.36176
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 12 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.40046
 Amount of Each Receipt this Period
 30.00

B. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.45164
 Amount of Each Receipt this Period
 100.00

C. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 06 / 27 / 2014
Transaction ID : SA11AI.47920
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
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 13 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS DIANE BOSLER 298
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 242
 City ALLENDALE State SC Zip Code 29810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.41692
 Amount of Each Receipt this Period
 200.00

B. MS DIANE BOSLER 298
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 242
 City ALLENDALE State SC Zip Code 29810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.44176
 Amount of Each Receipt this Period
 50.00

C. MR I M BOWES 274
 Full Name (Last, First, Middle Initial)
 Mailing Address 5503 WALLACE DR
 City GREENSBORO State NC Zip Code 27407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IM BOWES Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : SA11AI.37329
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS DIANE BROOKS 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 2866 OLD CYPRESS N
 City PALM BEACH GARDENS State FL Zip Code 33410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIANE BROOKS EQUINE SERVICES Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.37109
 Amount of Each Receipt this Period
 150.00

B. MS NANCY A BROWER 122
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 MALPASS RD
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.46621
 Amount of Each Receipt this Period
 50.00

C. MS NANCY A BROWER 122
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 MALPASS RD
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.47535
 Amount of Each Receipt this Period
 25.00

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: PAGE 16 OF 139
(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. MR HENRY M BUHL 100
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 GREENE ST FL 5
 City NEW YORK State NY Zip Code 10012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 05 / 29 / 2014
Transaction ID : SA11AI.40704
 Amount of Each Receipt this Period
 250.00

B. MR BRADLY BUNDRANT 768
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 LARGENT AVE
 City BALLINGER State TX Zip Code 76821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 06 / 18 / 2014
Transaction ID : SA11AI.46237
 Amount of Each Receipt this Period
 200.00

C. MS LINDA L CANION 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 LOS ENCINOS CT
 City MAGNOLIA State TX Zip Code 77354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 04 / 22 / 2014
Transaction ID : SA11AI.35293
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 17 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SUE M CANNON 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 W LAKERIDGE RD
 City LAKEWOOD State CO Zip Code 80227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 23 / 2014
Transaction ID : SA11AI.39751
 Amount of Each Receipt this Period
 200.00

B. MS SUE M CANNON 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 W LAKERIDGE RD
 City LAKEWOOD State CO Zip Code 80227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 11 / 2014
Transaction ID : SA11AI.44262
 Amount of Each Receipt this Period
 100.00

C. MR FRANK CARIO 197
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 633
 City NEW CASTLE State DE Zip Code 19720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARIO INSURANCE AGENCY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.38402
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
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 18 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR FRANK CARIO 197
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 633
 City NEW CASTLE State DE Zip Code 19720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARIO INSURANCE AGENCY Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.45486
 Amount of Each Receipt this Period
 300.00

B. MR DAVID CARLISLE 836
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 CIRCLE VIEW LN
 City MCCALL State ID Zip Code 83638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.47858
 Amount of Each Receipt this Period
 200.00

C. MS MARIANNA H CARROLL 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 PARK CHASE
 City CUMMING State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 27 / 2014
Transaction ID : SA11AI.39205
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
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 19 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS DOSIA S CASEY 764
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2379
 City ALBANY State TX Zip Code 76430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **04 / 14 / 2014**
Transaction ID : SA11AI.30413
 Amount of Each Receipt this Period: **75.00**

B. MS ELIZABETH A CATER 433
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 W FINDLAY ST
 City CAREY State OH Zip Code 43316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **04 / 11 / 2014**
Transaction ID : SA11AI.33491
 Amount of Each Receipt this Period: **200.00**

C. MS ELIZABETH A CATER 433
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 W FINDLAY ST
 City CAREY State OH Zip Code 43316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **06 / 04 / 2014**
Transaction ID : SA11AI.42447
 Amount of Each Receipt this Period: **300.00**

SUBTOTAL of Receipts This Page (optional)..... **575.00**
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 20 OF 139
	(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. MR MICHAEL CECE 601
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 LOWELL LN
 City State Zip Code
 SCHAUMBURG IL 60193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.46914
 Amount of Each Receipt this Period
 -30.00

B. MR DENNIS CHRISTOFFER 561
 Full Name (Last, First, Middle Initial)
 Mailing Address 78255 360TH AVE
 City State Zip Code
 ROUND LAKE MN 56167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.32493
 Amount of Each Receipt this Period
 -10.00

C. MR FRANK A CICATIELLO 354
 Full Name (Last, First, Middle Initial)
 Mailing Address 4934 WOODLAND FORREST DR
 City State Zip Code
 TUSCALOOSA AL 35405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FRANK CICATIELLO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.43538
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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 21 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES A COATS 657
 Full Name (Last, First, Middle Initial)
 Mailing Address 4537 COUNTY LINE RD
 City MOUNTAIN GROVE State MO Zip Code 65711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.34136
 Amount of Each Receipt this Period
 -35.00

B. MR JAMES B COBB 700
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 W OAKRIDGE PARK
 City METAIRIE State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 27 / 2014
Transaction ID : SA11AI.40047
 Amount of Each Receipt this Period
 100.00

C. MR FRANK COMPTON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 2691 E CALLE SIN PECADO
 City TUCSON State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 30 / 2014
Transaction ID : SA11AI.36864
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 265.00
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 139
	<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

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. MR PAUL CORRIGAN 480
 Full Name (Last, First, Middle Initial)
 Mailing Address 26980 CRESTWOOD DR
 City FRANKLIN State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORRIGAN MOVING SYSTEMS Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.34737
 Amount of Each Receipt this Period
 500.00

B. MR PAUL CORRIGAN 480
 Full Name (Last, First, Middle Initial)
 Mailing Address 26980 CRESTWOOD DR
 City FRANKLIN State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORRIGAN MOVING SYSTEMS Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.30922
 Amount of Each Receipt this Period
 150.00

C. MR ANTHONY P COSTA 070
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 BLOOMFIELD AVE STE 140
 City FAIRFIELD State NJ Zip Code 07004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation
 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
 04 / 11 / 2014
Transaction ID : SA11AI.33470
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 23 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR PAUL COSTA 894
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 UPPER COLONY RD
 City Wellington State NV Zip Code 89444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED RETIRED USMC Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 06 / 09 / 2014
Transaction ID : SA11AI.43597
 Amount of Each Receipt this Period 300.00

B. MS MARCIA B CRAMP 196
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 CAMBRIDGE AVE APT 217
 City Reading State PA Zip Code 19610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 06 / 2014
Transaction ID : SA11AI.43101
 Amount of Each Receipt this Period 1000.00

C. MR ROBERT CRAMPTON 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 N LINCOLN ST
 City Dixon State CA Zip Code 95620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 270.00

Date of Receipt 06 / 24 / 2014
Transaction ID : SA11AI.47159
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS PATRICIA S CRARY 581
 Full Name (Last, First, Middle Initial)
 Mailing Address 2522 18TH ST S
 City FARGO State ND Zip Code 58103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 09 / 2014
Transaction ID : SA11AI.43650
 Amount of Each Receipt this Period
 300.00

B. MS MELANIE MIKI S CROWL 525
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 S SCHUYLER ST
 City OTTUMWA State IA Zip Code 52501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : SA11AI.35816
 Amount of Each Receipt this Period
 -25.00

C. MR RICHARD W DARK 630 SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 WILLOW SPRING HILL CT
 City TOWN AND COUNTRY State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.38505
 Amount of Each Receipt this Period
 -25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 25 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JANIS A DAVIS 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 5084 MANDAVILLA BLVD
 City State Zip Code
 GULF BREEZE FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : SA11AI.35834
 Amount of Each Receipt this Period
 30.00

B. MS JANIS A DAVIS 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 5084 MANDAVILLA BLVD
 City State Zip Code
 GULF BREEZE FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : SA11AI.39189
 Amount of Each Receipt this Period
 30.00

C. MS JANIS A DAVIS 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 5084 MANDAVILLA BLVD
 City State Zip Code
 GULF BREEZE FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.47255
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR EVAN E DAVIS 456
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 MORIAH RD
 City OAK HILL State OH Zip Code 45656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 21 / 2014
Transaction ID : SA11AI.31858
 Amount of Each Receipt this Period
 300.00

B. MRS LOUISE G DAVIS 780
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 537
 City COTULLA State TX Zip Code 78014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : SA11AI.36592
 Amount of Each Receipt this Period
 175.00

C. MS HELEN R DAWSON 765
 Full Name (Last, First, Middle Initial)
 Mailing Address 5320 205 LOOP APT 263
 City TEMPLE State TX Zip Code 76502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 23 / 2014
Transaction ID : SA11AI.39878
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 27 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS MARIE T DAY 837
 Full Name (Last, First, Middle Initial)
 Mailing Address 3603 W HILLCREST DR
 City BOISE State ID Zip Code 83705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11AI.32395
 Amount of Each Receipt this Period
 100.00

B. MRS MARIE T DAY 837
 Full Name (Last, First, Middle Initial)
 Mailing Address 3603 W HILLCREST DR
 City BOISE State ID Zip Code 83705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.43138
 Amount of Each Receipt this Period
 75.00

C. MS SHARON K DEAKINS 743
 Full Name (Last, First, Middle Initial)
 Mailing Address 63800 E 300 RD
 City GROVE State OK Zip Code 74344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.48313
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.00
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 139
	<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. MS BRENDA DEAN 640
Full Name (Last, First, Middle Initial)
Mailing Address 911 S PRAIRIE LN
City RAYMORE State MO Zip Code 64083
FEC ID number of contributing federal political committee. **C**
Name of Employer HOM Occupation
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
04 / 28 / 2014
Transaction ID : SA11AI.36299
Amount of Each Receipt this Period
300.00

B. MRS SUE DENDIU 430
Full Name (Last, First, Middle Initial)
Mailing Address 609 JULIA ST UNIT 3
City URBANA State OH Zip Code 43078
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation 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
06 / 20 / 2014
Transaction ID : SA11AI.46762
Amount of Each Receipt this Period
50.00

C. MS MELINDA A DICKERSON 450
Full Name (Last, First, Middle Initial)
Mailing Address 3101 MILTON RD
City MIDDLETOWN State OH Zip Code 45042
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
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
06 / 17 / 2014
Transaction ID : SA11AI.45629
Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JOAN DIGGS 605
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 W 59TH ST
 City State Zip Code
 WILLOWBROOK IL 60527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.36385
 Amount of Each Receipt this Period
 300.00

B. MS ROXANN B DILLON 240
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 549
 City State Zip Code
 BASSETT VA 24055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE NOT EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.37125
 Amount of Each Receipt this Period
 100.00

C. MR JOHN DUGAN 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 464 S ROANOKE
 City State Zip Code
 MESA AZ 85206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 25 / 2014
Transaction ID : SA11AI.35931
 Amount of Each Receipt this Period
 100.00

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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JOHN DUKE 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 1594 VIRGINIA LN
 City BESSEMER State AL Zip Code 35023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.36445
 Amount of Each Receipt this Period
 200.00

B. MS JOAN M EDSON 494
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 145
 City HUDSONVILLE State MI Zip Code 49426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11AI.40670
 Amount of Each Receipt this Period
 50.00

C. MR JAMES EDWARDS 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3502 BANKHEAD AVE
 City MONTGOMERY State AL Zip Code 36111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JAMES H EDWARDS III, MD
 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
 04 / 28 / 2014
Transaction ID : SA11AI.36186
 Amount of Each Receipt this Period
 300.00

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 31 OF 139
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS WILMA M EDWARDS 920
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2948
 City DEL MAR State CA Zip Code 92014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.46384
 Amount of Each Receipt this Period
 150.00

B. MRS DONNA EGGEMEYER 797
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 BLACKBERRY CIR
 City MIDLAND State TX Zip Code 79705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 14 / 2014
Transaction ID : SA11AI.33696
 Amount of Each Receipt this Period
 150.00

C. MS LETA J EHRMAN 660
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 INVERNESS DR APT 308
 City LAWRENCE State KS Zip Code 66047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 30 / 2014
Transaction ID : SA11AI.48187
 Amount of Each Receipt this Period
 100.00

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 32 OF 139
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	<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. MS MARY JOYCEANN EVANS 129
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 EVANS LN
 City LAKE PLACID State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 04 / 16 / 2014
Transaction ID : SA11AI.30750
 Amount of Each Receipt this Period
 250.00

B. MS PHYLLIS B EWELL 775
 Full Name (Last, First, Middle Initial)
 Mailing Address 3807 CROSBY CEDAR BAYOU RD
 City BAYTOWN State TX Zip Code 77521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 22 / 2014
Transaction ID : SA11AI.35094
 Amount of Each Receipt this Period
 200.00

C. MS KATHLEEN G FARLER 982
 Full Name (Last, First, Middle Initial)
 Mailing Address 4510 95TH ST NE
 City MARYSVILLE State WA Zip Code 98270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.48101
 Amount of Each Receipt this Period
 50.00

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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT FERGUSON 075
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 MOUNTAINVIEW DR
 City Haledon State NJ Zip Code 07508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.34185
 Amount of Each Receipt this Period
 150.00

B. MR DAVID E FERGUSON 559
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 1ST DR NW
 APT 248
 City Austin State MN Zip Code 55912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.37257
 Amount of Each Receipt this Period
 -25.00

C. MR DAVID E FERGUSON 559
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 1ST DR NW
 APT 248
 City Austin State MN Zip Code 55912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.37258
 Amount of Each Receipt this Period
 -25.00

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. H DUSTIN FILLMORE 761
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 MANORWOOD TRL
 City State Zip Code
 FORT WORTH TX 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 04 / 10 / 2014
Transaction ID : SA11AI.33369
 Amount of Each Receipt this Period
 200.00

B. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134
 City State Zip Code
 WILLIAMSTON MI 48895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : SA11AI.30790
 Amount of Each Receipt this Period
 100.00

C. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134
 City State Zip Code
 WILLIAMSTON MI 48895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.35897
 Amount of Each Receipt this Period
 200.00

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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134
 City WILLIAMSTON State MI Zip Code 48895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.43613
 Amount of Each Receipt this Period
 100.00

B. MRS THETYS DIANA FOSTER 208
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SOTWEED CT
 City POTOMAC State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 05 / 20 / 2014
Transaction ID : SA11AI.31751
 Amount of Each Receipt this Period
 200.00

C. MRS ELEANOR S FOX 339
 Full Name (Last, First, Middle Initial)
 Mailing Address 13572 PINE VILLA LN
 City FORT MYERS State FL Zip Code 33912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 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
 04 / 02 / 2014
Transaction ID : SA11AI.30047
 Amount of Each Receipt this Period
 300.00

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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR RONALD D FRANCIS 561
 Full Name (Last, First, Middle Initial)
 Mailing Address 974 161ST ST
 City PIPESTONE State MN Zip Code 56164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 29 / 2014
Transaction ID : SA11AI.40567
 Amount of Each Receipt this Period
 200.00

B. MR MARION M FRANK 448
 Full Name (Last, First, Middle Initial)
 Mailing Address 6948 TOWNSHIP ROAD 451
 City LOUDONVILLE State OH Zip Code 44842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 13 / 2014
Transaction ID : SA11AI.45165
 Amount of Each Receipt this Period
 100.00

C. MR GARY D FREDETTE 765
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 RAINLILY ST
 City KILLEEN State TX Zip Code 76542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 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
 04 / 07 / 2014
Transaction ID : SA11AI.32838
 Amount of Each Receipt this Period
 100.00

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 37 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR GARY D FREDETTE 765
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 RAINLILY ST
 City KILLEEN State TX Zip Code 76542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.34575
 Amount of Each Receipt this Period
 50.00

B. MR MYLES B GALCERAN 777
 Full Name (Last, First, Middle Initial)
 Mailing Address 5720 EMILY LN
 City BEAUMONT State TX Zip Code 77713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 06 / 10 / 2014
Transaction ID : SA11AI.43808
 Amount of Each Receipt this Period
 100.00

C. MS SONJA GERQUEST 064
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 ASHLAR VLG
 City WALLINGFORD State CT Zip Code 06492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 22 / 2014
Transaction ID : SA11AI.39643
 Amount of Each Receipt this Period
 200.00

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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR STEVE A GIBBS 114
 Full Name (Last, First, Middle Initial)
 Mailing Address 16035 121ST AVE
 City JAMAICA State NY Zip Code 11434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation UNEMPLOYED
 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
 06 / 17 / 2014
Transaction ID : SA11AI.45740
 Amount of Each Receipt this Period
 100.00

B. MRS MARY A GILBERT 751
 Full Name (Last, First, Middle Initial)
 Mailing Address 3713 NABHOLTZ LN
 City MESQUITE State TX Zip Code 75150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 05 / 28 / 2014
Transaction ID : SA11AI.40523
 Amount of Each Receipt this Period
 100.00

C. MS CYNTHIA A GIUMARRA 933
 Full Name (Last, First, Middle Initial)
 Mailing Address 15121 SAN DOMINGO PL
 City BAKERSFIELD State CA Zip Code 93306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.44004
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00
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 40 OF 139
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	<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. MRS GWEN E GRACE 103
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 COMBS AVE
 City STATEN ISLAND State NY Zip Code 10306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 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
 06 / 05 / 2014
Transaction ID : SA11AI.43028
 Amount of Each Receipt this Period
 75.00

B. MS MARJORIE S GRAHAM 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 TIMBERLEAF CIR
 City ALABASTER State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.34083
 Amount of Each Receipt this Period
 100.00

C. MS MARJORIE S GRAHAM 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 TIMBERLEAF CIR
 City ALABASTER State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.41711
 Amount of Each Receipt this Period
 50.00

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 41 OF 139
	<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

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MRS MARILYN G GRAY 284		Date of Receipt
Mailing Address 1808 MEWS DR		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	NC	28405
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.38585
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) B. MRS MARILYN G GRAY 284		Date of Receipt
Mailing Address 1808 MEWS DR		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	NC	28405
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.42667
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) C. MR EDWIN T GRAY 720		Date of Receipt
Mailing Address 1001 MCARTHUR DR		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
JACKSONVILLE	AR	72076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.47165
Name of Employer	Occupation	Amount of Each Receipt this Period
US MILITARY	RETIRED	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="430.00"/>
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 42 OF 139
	<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. MS ANNIE L GRIMNER 779

Full Name (Last, First, Middle Initial)
Mailing Address 1255 HOEHNE RD

City CUERO	State TX	Zip Code 77954
---------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11AI.29999

Amount of Each Receipt this Period
100.00

B. MS ANNIE L GRIMNER 779

Full Name (Last, First, Middle Initial)
Mailing Address 1255 HOEHNE RD

City CUERO	State TX	Zip Code 77954
---------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

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
04	/	18	/	2014

Transaction ID : SA11AI.34326

Amount of Each Receipt this Period
250.00

C. MS ANNIE L GRIMNER 779

Full Name (Last, First, Middle Initial)
Mailing Address 1255 HOEHNE RD

City CUERO	State TX	Zip Code 77954
---------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

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
05	/	15	/	2014

Transaction ID : SA11AI.38192

Amount of Each Receipt this Period
200.00

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 43 OF 139
	(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

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. MR H DUANE HANSEN 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 8954 E OLD SPANISH TRL
 City TUCSON State AZ Zip Code 85710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 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
 05 / 21 / 2014
Transaction ID : SA11AI.31899
 Amount of Each Receipt this Period
 200.00

B. MR JACK S HARRISON 320
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 BEACH WALKER RD
 City AMELIA ISLAND State FL Zip Code 32034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 23 / 2014
Transaction ID : SA11AI.31166
 Amount of Each Receipt this Period
 150.00

C. MR ROBERT L HAWKINS 651 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 4208B WILLOWLAKE CT
 City JEFFERSON CITY State MO Zip Code 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 12 / 2014
Transaction ID : SA11AI.37643
 Amount of Each Receipt this Period
 200.00

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 44 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR DONALD E HAZELWOOD 740			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 22 / 2014 Transaction ID : SA11AI.39542
Mailing Address 23591 N 4020 RD			Amount of Each Receipt this Period 125.00
City BARTLESVILLE	State OK	Zip Code 74006	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 225.00
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR HERBERT HEDGPETH 974			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2014 Transaction ID : SA11AI.41338
Mailing Address 15950 OCEANVIEW DR			Amount of Each Receipt this Period 200.00
City BROOKINGS	State OR	Zip Code 97415	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS CATHY L HEIDE 972			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2014 Transaction ID : SA11AI.32847
Mailing Address 1522 NE 143RD AVE			Amount of Each Receipt this Period 30.00
City PORTLAND	State OR	Zip Code 97230	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00
Name of Employer NONE		Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 45 OF 139
	<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. MR FRANK HENRY 208
Full Name (Last, First, Middle Initial)

Mailing Address 9805 BRIXTON LN

City BETHESDA State MD Zip Code 20817

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

Name of Employer NONE Occupation 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
04 / 18 / 2014

Transaction ID : SA11AI.34364

Amount of Each Receipt this Period
200.00

B. MR THOMAS HERRON 775
Full Name (Last, First, Middle Initial)

Mailing Address 1426 COUNTY ROAD 47

City ANGLETON State TX Zip Code 77515

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

Name of Employer Occupation

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
04 / 08 / 2014

Transaction ID : SA11AI.33099

Amount of Each Receipt this Period
500.00

C. MRS PHYLLIS HESS 614
Full Name (Last, First, Middle Initial)

Mailing Address 19485 N 1700TH RD

City BUSHNELL State IL Zip Code 61422

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

Name of Employer NONE Occupation SELF EMPLOYED

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
04 / 07 / 2014

Transaction ID : SA11AI.32852

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 46 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)
A. MR FRANK HILL 731

Mailing Address 8109 NW 130TH PL

City State Zip Code
OKLAHOMA CITY OK 73142

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.44912

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. MS DORIE HILLIARD 751

Mailing Address 1909 VZ COUNTY ROAD 1106

City State Zip Code
CANTON TX 75103

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

Name of Employer Occupation

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
 05 / 19 / 2014
Transaction ID : SA11AI.38657

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. MS DORIE HILLIARD 751

Mailing Address 1909 VZ COUNTY ROAD 1106

City State Zip Code
CANTON TX 75103

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

Name of Employer Occupation

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
 05 / 21 / 2014
Transaction ID : SA11AI.39373

Amount of Each Receipt this Period
100.00

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 47 OF 139
	<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. LARRY LEE HOFMANN 584
Full Name (Last, First, Middle Initial)

Mailing Address 3720 55TH AVE SE

City MEDINA	State ND	Zip Code 58467
----------------	-------------	-------------------

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

Name of Employer HOFMANN TRUCKING	Occupation OWNER
--------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2014

Transaction ID : SA11AI.33680

Amount of Each Receipt this Period
500.00

B. LARRY LEE HOFMANN 584
Full Name (Last, First, Middle Initial)

Mailing Address 3720 55TH AVE SE

City MEDINA	State ND	Zip Code 58467
----------------	-------------	-------------------

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

Name of Employer HOFMANN TRUCKING	Occupation OWNER
--------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Transaction ID : SA11AI.43976

Amount of Each Receipt this Period
1000.00

C. MR JIMMY L HOLMES 710 SR
Full Name (Last, First, Middle Initial)

Mailing Address 619 MARSHALL RD

City KEATCHIE	State LA	Zip Code 71046
------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

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
06	/	18	/	2014

Transaction ID : SA11AI.46387

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	▶	1600.00
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 48 OF 139
	<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

Full Name (Last, First, Middle Initial) A. MS LENNIE HOUSE 405		Date of Receipt
Mailing Address 101 VENTURE CT		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
LEXINGTON	KY	40511
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.41842
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. MR RONNIE HOWELL 788		Date of Receipt
Mailing Address 2400 VETERANS BLVD STE 16C		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
DEL RIO	TX	78840
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.40393
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MR RONNIE HOWELL 788		Date of Receipt
Mailing Address 2400 VETERANS BLVD STE 16C		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
DEL RIO	TX	78840
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.40669
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 49 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR LEWIS HOWELL 937
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 E SHIELDS AVE
 City FRESNO State CA Zip Code 93704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 03 / 2014
Transaction ID : SA11AI.41807
 Amount of Each Receipt this Period
 100.00

B. MS LINDA HUGHES 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 LINDA ISLE
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 19 / 2014
Transaction ID : SA11AI.46584
 Amount of Each Receipt this Period
 200.00

C. MRS WILMA L HULL 973
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 SW 53RD ST
 City CORVALLIS State OR Zip Code 97333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED 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
 04 / 23 / 2014
Transaction ID : SA11AI.31075
 Amount of Each Receipt this Period
 300.00

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 50 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES JACKSON 704
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 CAROLE DR
 City MANDEVILLE State LA Zip Code 70448
 Date of Receipt: 04 / 16 / 2014
Transaction ID : SA11AI.30478
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 285.00

B. MR JAMES JACKSON 704
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 CAROLE DR
 City MANDEVILLE State LA Zip Code 70448
 Date of Receipt: 05 / 13 / 2014
Transaction ID : SA11AI.37812
 Amount of Each Receipt this Period: 35.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 320.00

C. MS MARY L JETER 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3546 VAUGHN RD
 City MONTGOMERY State AL Zip Code 36106
 Date of Receipt: 06 / 30 / 2014
Transaction ID : SA11AI.48029
 Amount of Each Receipt this Period: 100.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00
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 51 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DANIEL JOHNESE 805
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 SKIMMERHORN ST
 City State Zip Code
 FORT COLLINS CO 80526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 30 / 2014
Transaction ID : SA11AI.48149
 Amount of Each Receipt this Period
 200.00

B. MR ERIC J JOHNSON 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 S PARK TRAIL DR
 City State Zip Code
 CARMEL IN 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED 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
 04 / 22 / 2014
Transaction ID : SA11AI.35079
 Amount of Each Receipt this Period
 500.00

C. MS GERALDINE F JOHNSON 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 1074 TIMBER CREEK DR
 UNIT 1
 City State Zip Code
 CARMEL IN 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 05 / 28 / 2014
Transaction ID : SA11AI.40317
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 52 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO FOOTHILLS DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST COM REAL ESTATE Occupation
 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
 04 / 14 / 2014
Transaction ID : SA11AI.33935
 Amount of Each Receipt this Period
 100.00

B. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO FOOTHILLS DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST COM REAL ESTATE Occupation
 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
 05 / 13 / 2014
Transaction ID : SA11AI.37718
 Amount of Each Receipt this Period
 25.00

C. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO FOOTHILLS DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST COM REAL ESTATE Occupation
 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
 05 / 20 / 2014
Transaction ID : SA11AI.39327
 Amount of Each Receipt this Period
 50.00

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 53 OF 139
	<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. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO FOOTHILLS DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST COM REAL ESTATE Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **06 / 04 / 2014**
Transaction ID : SA11AI.42852
 Amount of Each Receipt this Period **50.00**

B. MS SHIRLEY C JOHNSON 939
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 MACOMBER DR
 City PEBBLE BEACH State CA Zip Code 93953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 27 / 2014**
Transaction ID : SA11AI.39973
 Amount of Each Receipt this Period **125.00**

C. MS GLORIA B JONASSEN 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 SCHRAALENBURGH RD
 City HAWORTH State NJ Zip Code 07641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **-25.00**

Date of Receipt **04 / 29 / 2014**
Transaction ID : SA11AI.36570
 Amount of Each Receipt this Period **-25.00**

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: PAGE 54 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS GLORIA B JONASSEN 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 SCHRAALENBURGH RD
 City HAWORTH State NJ Zip Code 07641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : SA11AI.36571
 Amount of Each Receipt this Period
 -25.00

B. MS PAULINE B JONES 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 MILL VISTA RD UNIT 1013
 City LITTLETON State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.46294
 Amount of Each Receipt this Period
 30.00

C. MR ALBERT KASTENS 677
 Full Name (Last, First, Middle Initial)
 Mailing Address 6629 ROAD 26
 City LUDELL State KS Zip Code 67744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.30137
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	205.00
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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JUDITH A KEILLOR 785
 Full Name (Last, First, Middle Initial)
 Mailing Address 3205 BANYON CIR
 City HARLINGEN State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARLININ PACK Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.34897
 Amount of Each Receipt this Period
 250.00

B. MR FRED B KELLER 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 SUGARBERRY CIR
 City HOUSTON State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.46652
 Amount of Each Receipt this Period
 300.00

C. MRS DIAN KENNEDY 913
 Full Name (Last, First, Middle Initial)
 Mailing Address 5906 ETIWANDA AVE
 UNIT 27
 City TARZANA State CA Zip Code 91356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.46730
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 56 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR LOUIS C KOLAR 895
 Full Name (Last, First, Middle Initial)
 Mailing Address 14420 E WINDRIVER LN
 City RENO State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 15 / 2014
Transaction ID : SA11AI.34099
 Amount of Each Receipt this Period
 200.00

B. MR KEVIN F KRUEGER 544
 Full Name (Last, First, Middle Initial)
 Mailing Address 14758 NAUGART DR
 City ATHENS State WI Zip Code 54411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF
 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
 04 / 14 / 2014
Transaction ID : SA11AI.33974
 Amount of Each Receipt this Period
 500.00

C. MARY JANE J LAATZ 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 6824 WILLOW RD
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 19 / 2014
Transaction ID : SA11AI.38641
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 57 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MARY JANE J LAATZ 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 6824 WILLOW RD
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.47193
 Amount of Each Receipt this Period
 300.00

B. MR STEPHEN LANKHEIT 638
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City CHARLESTON State MO Zip Code 63834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : SA11AI.30890
 Amount of Each Receipt this Period
 200.00

C. MR STEPHEN LANKHEIT 638
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City CHARLESTON State MO Zip Code 63834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.39733
 Amount of Each Receipt this Period
 50.00

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 58 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR STEPHEN LANKHEIT 638
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City CHARLESTON State MO Zip Code 63834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 09 / 2014
Transaction ID : SA11AI.43735
 Amount of Each Receipt this Period
 25.00

B. MS JEAN E LAUGHERY 216
 Full Name (Last, First, Middle Initial)
 Mailing Address 29080 COLLIER LN
 City EASTON State MD Zip Code 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -20.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.30100
 Amount of Each Receipt this Period
 -20.00

C. MS SHIRLEY L LAURIN 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 24583 MILLCREEK DR
 City FARMINGTON HILLS State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 16 / 2014
Transaction ID : SA11AI.30673
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00
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 59 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SHIRLEY L LAURIN 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 24583 MILLCREEK DR
 City FARMINGTON HILLS State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.39578
 Amount of Each Receipt this Period
 150.00

B. MRS PATRICIA H LEACH 157
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 PFEIFFER RD
 City MARION CENTER State PA Zip Code 15759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.33118
 Amount of Each Receipt this Period
 225.00

C. MS SARA B LEACH 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 3002 HEATHERPARK DR
 City KINGWOOD State TX Zip Code 77345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.44809
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00
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 60 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS ALICE LEBEWOHL 931
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 CALLE REAL BLDG A129
 City State Zip Code
 SANTA BARBARA CA 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 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
 06 / 02 / 2014
Transaction ID : SA11AI.41321
 Amount of Each Receipt this Period
 200.00

B. MRS ISABEL B LEIB 117
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 WOLVER HOLLOW RD
 City State Zip Code
 OYSTER BAY NY 11771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.37656
 Amount of Each Receipt this Period
 350.00

C. MS DOROTHY L LEWIS 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 SHIRLAND PARK PL
 City State Zip Code
 AUBURN CA 95603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 12 / 2014
Transaction ID : SA11AI.44888
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
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 61 OF 139
	(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

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR DARRELL LIND 067			Date of Receipt
Mailing Address 51 DAVIDS HILL RD			<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.46390
WOODBURY	CT	06798	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
DRYWALL CONTRACTOR			
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 (Last, First, Middle Initial) B. MS MARY M LOFSTROM 329			Date of Receipt
Mailing Address 9025 SOMERSET BAY LN APT 302			<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.30029
VERO BEACH	FL	32963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="150.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MR DON J LONG 656			Date of Receipt
Mailing Address 1830 HILL HAVEN RD			<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.42436
HOLLISTER	MO	65672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 62 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JERRY W LORETT 740
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 CIRCLE DR
 City SAPULPA State OK Zip Code 74066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.30772
 Amount of Each Receipt this Period
 -100.00

B. MS JUDITH LOTHMANN 481
 Full Name (Last, First, Middle Initial)
 Mailing Address 1721 CLFS LNDG APT 5
 City YPSILANTI State MI Zip Code 48198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 30 / 2014
Transaction ID : SA11AI.48096
 Amount of Each Receipt this Period
 150.00

C. MR LAWRENCE E LUDD 321
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 SEA MIST DR
 APT 114
 City NEW SMYRNA State FL Zip Code 32169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.31803
 Amount of Each Receipt this Period
 225.00

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: (check only one)	PAGE 63 OF 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR KEVIN D LUSSENDEN 488
 Full Name (Last, First, Middle Initial)
 Mailing Address 3282 DEAN RD
 City HOWELL State MI Zip Code 48855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PLUMBER
 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
 05 / 06 / 2014
Transaction ID : SA11AI.37503
 Amount of Each Receipt this Period
 100.00

B. MS LAURA MACCIA 719
 Full Name (Last, First, Middle Initial)
 Mailing Address 1925 MALVERN AVE
 City HOT SPRINGS NATION State AR Zip Code 71901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.34040
 Amount of Each Receipt this Period
 -50.00

C. MR TIMOTHY MADDERN 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 CAMPHOR CT
 City MILPITAS State CA Zip Code 95035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.46052
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 64 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)
A. M A MAEDGEN 783

Mailing Address **PO BOX 87**

City **MATHIS** State **TX** Zip Code **78368**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 02 / 2014
Transaction ID : SA11AI.41636

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. MR DAVID T MARSHBURN 278

Mailing Address **905 WOODLAWN DR**

City **WILLIAMSTON** State **NC** Zip Code **27892**

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 10 / 2014
Transaction ID : SA11AI.33309

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. MR MICHAEL MATEI 225

Mailing Address **8436 MEADOWLAND DR**

City **LOCUST GROVE** State **VA** Zip Code **22508**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 28 / 2014
Transaction ID : SA11AI.36205

Amount of Each Receipt this Period
150.00

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: (check only one)	PAGE 65 OF 139
	<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. MR GEORGE W MATHEWS 303
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 TOWNSEND PL NW
 City ATLANTA State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 27 / 2014
Transaction ID : SA11AI.40057
 Amount of Each Receipt this Period
 200.00

B. MR WILLIAM B MATTINGLY 640
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1092
 City RAYMORE State MO Zip Code 64083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 19 / 2014
Transaction ID : SA11AI.38474
 Amount of Each Receipt this Period
 100.00

C. MR WILLIAM B MATTINGLY 640
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1092
 City RAYMORE State MO Zip Code 64083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 30 / 2014
Transaction ID : SA11AI.48243
 Amount of Each Receipt this Period
 100.00

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 66 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS MICHAEL S MCCRARY 921
 Full Name (Last, First, Middle Initial)
 Mailing Address 953 OLIVE AVE
 City CORONADO State CA Zip Code 92118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 13 / 2014
Transaction ID : SA11AI.37735
 Amount of Each Receipt this Period
 150.00

B. MR JOHN F MCHALE 346
 Full Name (Last, First, Middle Initial)
 Mailing Address 3920 JUPITER DR
 City NEW PRT RCHY State FL Zip Code 34652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.35407
 Amount of Each Receipt this Period
 -50.00

C. MRS EMILY G MCLEAN 853
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 156
 City BUCKEYE State AZ Zip Code 85326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 10 / 2014
Transaction ID : SA11AI.33430
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 67 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS MARLENE B MCLEOD 344
 Full Name (Last, First, Middle Initial)
 Mailing Address 4540 SE 48TH PLACE RD
 City Ocala State FL Zip Code 34480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.45785
 Amount of Each Receipt this Period
 200.00

B. MS JOYCE Y MCMUTT 761
 Full Name (Last, First, Middle Initial)
 Mailing Address 7121 SUMMERSET DR
 City Fort Worth State TX Zip Code 76126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.38564
 Amount of Each Receipt this Period
 200.00

C. MRS SHERRY MCPHERSON 546
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 367
 City Sparta State WI Zip Code 54656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNEMPLOYED HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.47446
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 68 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES K MESSINGER 983
 Full Name (Last, First, Middle Initial)
 Mailing Address 13926 215TH AVE E
 City State Zip Code
 BONNEY LAKE WA 98391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 20 / 2014
Transaction ID : SA11AI.31740
 Amount of Each Receipt this Period
 100.00

B. MR ROBERT B MILLER 420
 Full Name (Last, First, Middle Initial)
 Mailing Address 6320 SAINT ANDREWS DR
 City State Zip Code
 PADUCAH KY 42001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 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
 04 / 25 / 2014
Transaction ID : SA11AI.35965
 Amount of Each Receipt this Period
 75.00

C. MR MICHAEL MIRANDA 937
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 11983
 City State Zip Code
 FRESNO CA 93776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 10 / 2014
Transaction ID : SA11AI.33210
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00
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 69 OF 139
	<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. MR CHARLES D MISSAR 200
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 CONNECTICUT AVE NW
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.39964
 Amount of Each Receipt this Period
 100.00

B. MR WALTER H MOFIELD 959
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 129
 City CLIPPER MILLS State CA Zip Code 95930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 07 / 2014
Transaction ID : SA11AI.32823
 Amount of Each Receipt this Period
 150.00

C. MRS MARCIA W MONNIER 454
 Full Name (Last, First, Middle Initial)
 Mailing Address 6985 WEMBLEY CIR
 City DAYTON State OH Zip Code 45459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 28 / 2014
Transaction ID : SA11AI.40375
 Amount of Each Receipt this Period
 200.00

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:	PAGE 70 OF 139
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS NANCY V MOORE 193
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 E MARSHALL ST
 APT 226
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.39685
 Amount of Each Receipt this Period
 100.00

B. MR AL MOORE 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 9910 PAGE AVE
 City SAINT LOUIS State MO Zip Code 63132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOORE FOOD DISTRIBUTORS INC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.39615
 Amount of Each Receipt this Period
 500.00

C. MR AL MOORE 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 9910 PAGE AVE
 City SAINT LOUIS State MO Zip Code 63132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOORE FOOD DISTRIBUTORS INC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.46697
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 71 OF 139
	<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. MS MARGARITA MOSES 754
 Full Name (Last, First, Middle Initial)
 Mailing Address 5889 DEER CROSSING LN
 City QUINLAN State TX Zip Code 75474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MED/SURGE UNIT Occupation REGISTERED NURSE
 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
 04 / 01 / 2014
Transaction ID : SA11AI.29891
 Amount of Each Receipt this Period
 75.00

B. MS MARGARITA MOSES 754
 Full Name (Last, First, Middle Initial)
 Mailing Address 5889 DEER CROSSING LN
 City QUINLAN State TX Zip Code 75474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MED/SURGE UNIT Occupation REGISTERED NURSE
 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
 06 / 06 / 2014
Transaction ID : SA11AI.43419
 Amount of Each Receipt this Period
 100.00

C. MR MUHAMMAD NASIR 913
 Full Name (Last, First, Middle Initial)
 Mailing Address 11987 SHOSHONE AVE
 City GRANADA HILLS State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 13 / 2014
Transaction ID : SA11AI.37698
 Amount of Each Receipt this Period
 200.00

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:	PAGE 72 OF 139
	(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

Full Name (Last, First, Middle Initial) A. MR DAVID I NATION 760		Date of Receipt
Mailing Address 1404 BRIARWOOD BLVD		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
ARLINGTON	TX	76013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29824
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. MR JAMES S NEALE 856		Date of Receipt
Mailing Address 17660 W REDROCK LN		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
MARANA	AZ	85653
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.45341
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) C. MS CAROLE NICOLELLA 152		Date of Receipt
Mailing Address 4032 TUXEY AVE		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
PITTSBURGH	PA	15227
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.31960
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
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 73 OF 139
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR WINFORD T NOWELL 018
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 ROLLINS ST
 City GROVELAND State MA Zip Code 01834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 05 / 22 / 2014
Transaction ID : SA11AI.39642
 Amount of Each Receipt this Period
 200.00

B. MRS ELIZABETH OLESON 522
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 4TH ST
 City KALONA State IA Zip Code 52247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 30 / 2014
Transaction ID : SA11AI.48258
 Amount of Each Receipt this Period
 150.00

C. MR KENT OLSON 691
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 82
 City OGALLALA State NE Zip Code 69153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.33088
 Amount of Each Receipt this Period
 -25.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 74 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS PATRICIA A OPEL 433
 Full Name (Last, First, Middle Initial)
 Mailing Address 7845 N ST
 City State Zip Code
 RUSSELLS POINT OH 43348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 24 / 2014
Transaction ID : SA11AI.47240
 Amount of Each Receipt this Period
 150.00

B. MR CHARLES OREILLY DOUD 910
 Full Name (Last, First, Middle Initial)
 Mailing Address 4254 CHEVY CHASE DR
 City State Zip Code
 LA CANADA FLT CA 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.31598
 Amount of Each Receipt this Period
 40.00

C. MR CHARLES OREILLY DOUD 910
 Full Name (Last, First, Middle Initial)
 Mailing Address 4254 CHEVY CHASE DR
 City State Zip Code
 LA CANADA FLT CA 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.43447
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00
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 75 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CHARLES OREILLY DOUD 910
 Full Name (Last, First, Middle Initial)
 Mailing Address 4254 CHEVY CHASE DR
 City LA CANADA FLT State CA Zip Code 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.44977
 Amount of Each Receipt this Period
 400.00

B. MR RONNIE OTTO 779
 Full Name (Last, First, Middle Initial)
 Mailing Address 3857 BURROUGHSVILLE RD
 City VICTORIA State TX Zip Code 77905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.37165
 Amount of Each Receipt this Period
 200.00

C. MR DAVID H OWEN 307
 Full Name (Last, First, Middle Initial)
 Mailing Address 4208 OWEN RD SW
 City DALTON State GA Zip Code 30720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 06 / 19 / 2014
Transaction ID : SA11AI.46592
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00
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 76 OF 139
	<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
-----------------------------	-----------------------------	-----------------------------

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. MR DALE A OYHUS 586
 Full Name (Last, First, Middle Initial)
 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 SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.36907
 Amount of Each Receipt this Period
100.00

B. MR DALE A OYHUS 586
 Full Name (Last, First, Middle Initial)
 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 SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.43333
 Amount of Each Receipt this Period
200.00

C. MS PEGGY PALOMBO 707
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 BRYCE CANYON DR
 City GREENWELL SPRINGS State LA Zip Code 70739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.46228
 Amount of Each Receipt this Period
200.00

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 77 OF 139
	<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	

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. MS JULIA E PARK 371
Full Name (Last, First, Middle Initial)
Mailing Address 105 MASON ST APT D
City PORTLAND State TN Zip Code 37148
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2014
Transaction ID : SA11AI.42322
Amount of Each Receipt this Period
200.00

B. MR ROBERT PARRISH 467
Full Name (Last, First, Middle Initial)
Mailing Address 9300 E BASELINE RD
City AVILLA State IN Zip Code 46710
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
04 / 10 / 2014
Transaction ID : SA11AI.33224
Amount of Each Receipt this Period
200.00

C. MR DOUGLAS R PAYNE 970
Full Name (Last, First, Middle Initial)
Mailing Address 27695 SE SUNRAY DR
City BORING State OR Zip Code 97009
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
04 / 30 / 2014
Transaction ID : SA11AI.37170
Amount of Each Receipt this Period
100.00

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: PAGE 78 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JUNIE R PERKINS 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 BLACKSTAR PL
 City SPRING State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 04 / 2014
Transaction ID : SA11AI.42604
 Amount of Each Receipt this Period
 100.00

B. MR EARL D PHILLIPS 829
 Full Name (Last, First, Middle Initial)
 Mailing Address GENERAL DELIVERY
 1568 COUNTY RD 103
 City EVANSTON State WY Zip Code 82930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED
 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
 04 / 09 / 2014
Transaction ID : SA11AI.30253
 Amount of Each Receipt this Period
 200.00

C. AQUILES PIETRI 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 WHITTIER AVE
 APT C209
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 28 / 2014
Transaction ID : SA11AI.40340
 Amount of Each Receipt this Period
 50.00

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 79 OF 139
	<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	

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. AQUILES PIETRI 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 WHITTIER AVE
 APT C209
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.47809
 Amount of Each Receipt this Period
 200.00

B. MR THOMAS POTTMEYER 911
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 S OAKLAND AVE
 City PASADENA State CA Zip Code 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED 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
 04 / 11 / 2014
Transaction ID : SA11AI.33634
 Amount of Each Receipt this Period
 300.00

C. MS MARTHA RAPIER 973
 Full Name (Last, First, Middle Initial)
 Mailing Address 8015 NW RIDGEWOOD DR
 City CORVALLIS State OR Zip Code 97330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 09 / 2014
Transaction ID : SA11AI.30232
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 80 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS VIVIAN G REDDY 062
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N SHORE RD
 City DAYVILLE State CT Zip Code 06241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 28 / 2014
Transaction ID : SA11AI.36441
 Amount of Each Receipt this Period
 40.00

B. MS VIVIAN G REDDY 062
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N SHORE RD
 City DAYVILLE State CT Zip Code 06241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.40416
 Amount of Each Receipt this Period
 40.00

C. MS VIVIAN G REDDY 062
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N SHORE RD
 City DAYVILLE State CT Zip Code 06241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 30 / 2014
Transaction ID : SA11AI.48237
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 81 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DAVID A REDMOND 454
 Full Name (Last, First, Middle Initial)
 Mailing Address 6852 OLDE GREENBRIER LN
 City State Zip Code
 CENTERVILLE OH 45459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOCIAL SECURITY ADMINISTRATION
 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
 04 / 14 / 2014
Transaction ID : SA11AI.33812
 Amount of Each Receipt this Period
 300.00

B. MR WILLIAM T REYNOLDS 276
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 MARS ST
 City State Zip Code
 RALEIGH NC 27604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 07 / 2014
Transaction ID : SA11AI.32842
 Amount of Each Receipt this Period
 150.00

C. MS MARGOT A RIEGER 184
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 LONG RIDGE RD
 City State Zip Code
 HAWLEY PA 18428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 06 / 04 / 2014
Transaction ID : SA11AI.42838
 Amount of Each Receipt this Period
 100.00

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 82 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS LINDA J ROBERSON 782
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 GARRATY RD
 City SAN ANTONIO State TX Zip Code 78209
 Date of Receipt: 05 / 19 / 2014
 Transaction ID : SA11AI.38652
 Amount of Each Receipt this Period: 50.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 225.00

B. MR JAMES RODEBAUGH 490
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 238
 City VERMONTVILLE State MI Zip Code 49096
 Date of Receipt: 04 / 08 / 2014
 Transaction ID : SA11AI.30200
 Amount of Each Receipt this Period: 200.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 500.00

C. MR JOHN W ROGERS 641
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 W 48TH ST APT 308
 City KANSAS CITY State MO Zip Code 64112
 Date of Receipt: 04 / 01 / 2014
 Transaction ID : SA11AI.29852
 Amount of Each Receipt this Period: 150.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 300.00

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 83 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JOHN C ROSE 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 3470 SHERWOOD CT
 City LOOMIS State CA Zip Code 95650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.39369
 Amount of Each Receipt this Period
 200.00

B. MS ANN R ROSS 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 358 PEARTREE DR
 City CLARKSVILLE State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : SA11AI.33487
 Amount of Each Receipt this Period
 200.00

C. MS ANN R ROSS 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 358 PEARTREE DR
 City CLARKSVILLE State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.41562
 Amount of Each Receipt this Period
 100.00

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: PAGE 84 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS ANNE M RYAN 334
 Full Name (Last, First, Middle Initial)
 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 Occupation
 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
 06 / 03 / 2014
Transaction ID : SA11AI.42014
 Amount of Each Receipt this Period
 300.00

B. MS MARY B RYSER 234
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 476
 City MELFA State VA Zip Code 23410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE 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
 05 / 21 / 2014
Transaction ID : SA11AI.31808
 Amount of Each Receipt this Period
 300.00

C. MR ALEXANDER SALAMON 432
 Full Name (Last, First, Middle Initial)
 Mailing Address 5292 PREDMORE PL
 City COLUMBUS State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 05 / 2014
Transaction ID : SA11AI.43045
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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 85 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MANUEL G SANCHEZ 038
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 910
 City NEWFIELDS State NH Zip Code 03856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 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
 04 / 08 / 2014
Transaction ID : SA11AI.33030
 Amount of Each Receipt this Period
 50.00

B. MR MANUEL G SANCHEZ 038
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 910
 City NEWFIELDS State NH Zip Code 03856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.31421
 Amount of Each Receipt this Period
 50.00

C. MR MANUEL G SANCHEZ 038
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 910
 City NEWFIELDS State NH Zip Code 03856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 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
 06 / 09 / 2014
Transaction ID : SA11AI.43593
 Amount of Each Receipt this Period
 50.00

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 86 OF 139
	<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. MR JAMES R SANDBERG 693
 Full Name (Last, First, Middle Initial)
 Mailing Address 210198 FLORAL ST
 City GERING State NE Zip Code 69341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANDBERG FARMS Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2014
Transaction ID : SA11AI.33424
 Amount of Each Receipt this Period
300.00

B. MS JANET B SANDERS 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CONWAY CLOSE RD
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014
Transaction ID : SA11AI.35934
 Amount of Each Receipt this Period
40.00

C. MS JANET B SANDERS 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CONWAY CLOSE RD
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 26 / 2014
Transaction ID : SA11AI.39180
 Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....	380.00
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 87 OF 139
	<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

Full Name (Last, First, Middle Initial) A. MS JANET B SANDERS 631		Date of Receipt
Mailing Address 40 CONWAY CLOSE RD		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS	MO	63124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.40459
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

Full Name (Last, First, Middle Initial) B. MS JANET B SANDERS 631		Date of Receipt
Mailing Address 40 CONWAY CLOSE RD		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS	MO	63124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.46543
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="-100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. MS JANET B SANDERS 631		Date of Receipt
Mailing Address 40 CONWAY CLOSE RD		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS	MO	63124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.47383
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="320.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
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: PAGE 88 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR FRANKIE SCHIERMAN 988
 Full Name (Last, First, Middle Initial)
 Mailing Address 5303 PAINTED HILLS RD
 City EPHRATA State WA Zip Code 98823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.30763
 Amount of Each Receipt this Period
 125.00

B. MR GREG SCHNAUTZ 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 BYLERPOOL RD
 City KINGSBURY State TX Zip Code 78638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.39315
 Amount of Each Receipt this Period
 50.00

C. MR DAVID SHEA 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 17813 133RD WAY N
 City JUPITER State FL Zip Code 33478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.37079
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
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 89 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES R SHIPP 377
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 SEAGULL LN
 City DANDRIDGE State TN Zip Code 37725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.44811
 Amount of Each Receipt this Period
 100.00

B. MR JAMES R SHIPP 377
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 SEAGULL LN
 City DANDRIDGE State TN Zip Code 37725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.45272
 Amount of Each Receipt this Period
 75.00

C. H L SIKES 769
 Full Name (Last, First, Middle Initial)
 Mailing Address 5226 BEVERLY DR
 City SAN ANGELO State TX Zip Code 76904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.39757
 Amount of Each Receipt this Period
 100.00

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 90 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS JACKIE SIMON 656
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 HICKORY HEIGHTS RD
 City GREENFIELD State MO Zip Code 65661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -5.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : SA11AI.32567
 Amount of Each Receipt this Period
 -5.00

B. MRS JACKIE SIMON 656
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 HICKORY HEIGHTS RD
 City GREENFIELD State MO Zip Code 65661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -10.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : SA11AI.32568
 Amount of Each Receipt this Period
 -10.00

C. MRS BRENDA SLUYTER 939
 Full Name (Last, First, Middle Initial)
 Mailing Address 25850 N MESA DR
 City CARMEL State CA Zip Code 93923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.30754
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00
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 91 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR BLAINE E SMITH 261
 Full Name (Last, First, Middle Initial)
 Mailing Address 1529 TYLER HWY
 City SISTERSVILLE State WV Zip Code 26175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 24 / 2014
Transaction ID : SA11AI.35847
 Amount of Each Receipt this Period
 225.00

B. MR GORDON E SMITH 522
 Full Name (Last, First, Middle Initial)
 Mailing Address 2369 335TH ST
 City HOPKINTON State IA Zip Code 52237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 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
 06 / 06 / 2014
Transaction ID : SA11AI.43349
 Amount of Each Receipt this Period
 50.00

C. MS HELEN W SMITH 631
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 221051
 City SAINT LOUIS State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.40492
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
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 92 OF 139
	(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. MS HELEN W SMITH 631
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 221051
 City SAINT LOUIS State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : SA11AI.44486
 Amount of Each Receipt this Period
 200.00

B. MR CONLEY SMITH 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 VINE ST
 City DENVER State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 19 / 2014
Transaction ID : SA11AI.46690
 Amount of Each Receipt this Period
 300.00

C. MR PHILIP T SMITH 804
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 146
 City JAMESTOWN State CO Zip Code 80455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 05 / 30 / 2014
Transaction ID : SA11AI.41005
 Amount of Each Receipt this Period
 100.00

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 93 OF 139
	(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. MR STEVEN D SMITH 816
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 COUNTY ROAD 212
 City CRAIG State CO Zip Code 81625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 06 / 18 / 2014
Transaction ID : SA11AI.46106
 Amount of Each Receipt this Period
 200.00

B. MR MERRILL E SMITH 882
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 MOUNTAIN SHADOW DR
 City CARLSBAD State NM Zip Code 88220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 28 / 2014
Transaction ID : SA11AI.40540
 Amount of Each Receipt this Period
 150.00

C. MS RUTH G SPANN 333
 Full Name (Last, First, Middle Initial)
 Mailing Address 7212 E TROPICAL WAY
 City PLANTATION State FL Zip Code 33317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.39284
 Amount of Each Receipt this Period
 100.00

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 94 OF 139
	<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. MR JEFFREY STEINKAMP 057
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 98
 City ROCHESTER State VT Zip Code 05767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.30514
 Amount of Each Receipt this Period
 550.00

B. MS SARAH T STEPHENSON 068
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 W LYON FARM DR
 City GREENWICH State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 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
 06 / 05 / 2014
Transaction ID : SA11AI.42903
 Amount of Each Receipt this Period
 200.00

C. MR BRUCE W STEVENS 189
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 WASHINGTON AVE
 City NEWTOWN State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 06 / 2014
Transaction ID : SA11AI.43344
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 95 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS BETTY M STEWART 688
 Full Name (Last, First, Middle Initial)
 Mailing Address 3990 W CAPITAL AVE
 APT 108
 City GRAND ISLAND State NE Zip Code 68803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.30151
 Amount of Each Receipt this Period
 -25.00

B. MRS NANCY L STOOPS 627
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 BRANDYWINE RD
 City SPRINGFIELD State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.40061
 Amount of Each Receipt this Period
 50.00

C. MS ADA STRASENBURGH 082
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 608
 City OCEAN VIEW State NJ Zip Code 08230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED REALTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : SA11AI.33486
 Amount of Each Receipt this Period
 200.00

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 96 OF 139
	<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. MS ADA STRASENBURGH 082
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 608
 City OCEAN VIEW State NJ Zip Code 08230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : SA11AI.38479
 Amount of Each Receipt this Period
100.00

B. MR GENE STRATE 836
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 E PINE AVE
 City MERIDIAN State ID Zip Code 83642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation STRATEGIC INVESTOR
 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
06 / 17 / 2014
Transaction ID : SA11AI.45618
 Amount of Each Receipt this Period
150.00

C. MS KATHLEEN D SULLIVAN 381
 Full Name (Last, First, Middle Initial)
 Mailing Address 1944 CLARINGTON DR
 City GERMANTOWN State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2014
Transaction ID : SA11AI.33650
 Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS SANDRA L SUZAN 548
 Full Name (Last, First, Middle Initial)
 Mailing Address 2920 N SWEDE RD
 City RADISSON State WI Zip Code 54867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : SA11AI.38098
 Amount of Each Receipt this Period
 250.00

B. MRS EDNA M SWARTZ 441
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 AYLESWORTH DR
 City CLEVELAND State OH Zip Code 44130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.30179
 Amount of Each Receipt this Period
 -40.00

C. MR DAVID TATGE 917
 Full Name (Last, First, Middle Initial)
 Mailing Address 4591 BRINEY POINT ST
 City LA VERNE State CA Zip Code 91750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DANCO ANODIZING Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.41375
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00
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 98 OF 139
	<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. MR DANIEL D TAYLOR 853
 Full Name (Last, First, Middle Initial)
 Mailing Address 4732 N BROOKVIEW TER
 City LITCHFIELD PARK State AZ Zip Code 85340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.45280
 Amount of Each Receipt this Period
 100.00

B. MS LINDA L TAYLOR 900
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 N BEACHWOOD DR APT 4
 City LOS ANGELES State CA Zip Code 90068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 22 / 2014
Transaction ID : SA11AI.35291
 Amount of Each Receipt this Period
 100.00

C. MR FRED T THOMASSON 287
 Full Name (Last, First, Middle Initial)
 Mailing Address 82 APPIAN WAY
 City ARDEN State NC Zip Code 28704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.46830
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CHARLES K THOMPSON 258
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 477
 City CRAB ORCHARD State WV Zip Code 25827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.46591
 Amount of Each Receipt this Period
 200.00

B. MR CHARLES K THOMPSON 258
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 477
 City CRAB ORCHARD State WV Zip Code 25827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.47166
 Amount of Each Receipt this Period
 100.00

C. MR TONY THOMPSON 365
 Full Name (Last, First, Middle Initial)
 Mailing Address 28630 JOSEPHINE DR
 City ELBERTA State AL Zip Code 36530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.37629
 Amount of Each Receipt this Period
 150.00

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: PAGE 101 OF 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS CHARLOTTE R THURSTON 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 ROCK SPRINGS RD
 City CASTALIAN SPRINGS State TN Zip Code 37031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.30355
 Amount of Each Receipt this Period
 -100.00

B. MS CHARLOTTE R THURSTON 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 ROCK SPRINGS RD
 City CASTALIAN SPRINGS State TN Zip Code 37031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 10 / 2014
Transaction ID : SA11AI.30356
 Amount of Each Receipt this Period
 -100.00

C. MR GERALD TIERNEY 152
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 MAIN ENTRANCE DR
 City PITTSBURGH State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 20 / 2014
Transaction ID : SA11AI.39104
 Amount of Each Receipt this Period
 100.00

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 102 OF 139
	(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. MS NANCY P TIMMER 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 SUNDAY CIR
 City State Zip Code
 FREDERICKSBRG TX 78624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.32846
 Amount of Each Receipt this Period
 120.00

B. MR HARRY T TULLY 960
 Full Name (Last, First, Middle Initial)
 Mailing Address 4480 BRITTANY DR
 City State Zip Code
 REDDING CA 96002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 19 / 2014
Transaction ID : SA11AI.46602
 Amount of Each Receipt this Period
 100.00

C. MS GLYNDA TUNNELL 797
 Full Name (Last, First, Middle Initial)
 Mailing Address 2965 COUNTY ROAD C3100
 City State Zip Code
 STANTON TX 79782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 06 / 11 / 2014
Transaction ID : SA11AI.44605
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS VON M ULLMAN 577
 Full Name (Last, First, Middle Initial)
 Mailing Address 12944 199TH ST
 City VALE State SD Zip Code 57788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 05 / 16 / 2014
Transaction ID : SA11AI.38427
 Amount of Each Receipt this Period
 150.00

B. MS FRANCES V VALDER 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 15415 NE SUMMERPLACE DR
 City PORTLAND State OR Zip Code 97230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 06 / 24 / 2014
Transaction ID : SA11AI.47022
 Amount of Each Receipt this Period
 50.00

C. MRS JAN B VANDENBERG 977
 Full Name (Last, First, Middle Initial)
 Mailing Address 61951 KILDONAN CT
 City BEND State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 05 / 26 / 2014
Transaction ID : SA11AI.39912
 Amount of Each Receipt this Period
 200.00

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR HARLAN VANWINKLE 765
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 941
 City SALADO State TX Zip Code 76571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : SA11AI.31288
 Amount of Each Receipt this Period
 100.00

B. MRS SANDRA L VEROLA 120
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 REDWOOD DR
 City BALLSTON LAKE State NY Zip Code 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.32798
 Amount of Each Receipt this Period
 150.00

C. MR ARTHUR E VIENOLA 934
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 SAN MIGUELITO RD
 City LOMPOC State CA Zip Code 93436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.43970
 Amount of Each Receipt this Period
 300.00

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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT H WALKER 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 FOREST ST
 City LEWISBURG State TN Zip Code 37091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 06 / 27 / 2014
Transaction ID : SA11AI.47841
 Amount of Each Receipt this Period
 300.00

B. MS CRYSTAL S WASLEY 285
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 142
 City GLOUCESTER State NC Zip Code 28528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation 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
 04 / 21 / 2014
Transaction ID : SA11AI.35003
 Amount of Each Receipt this Period
 300.00

C. GURDON B WATTLES 028
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 ROCKBRIDGE DR
 City LITTLE COMPTON State RI Zip Code 02837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 30 / 2014
Transaction ID : SA11AI.37117
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
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

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT WEISENBARGER 453
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 SEMINOLE LN
 City ARCANUM State OH Zip Code 45304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -5.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.35405
 Amount of Each Receipt this Period
 -5.00

B. MS JACQUELINE M WEITZ 520
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 ASSISI DR
 APT 302
 City DUBUQUE State IA Zip Code 52001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 02 / 2014
Transaction ID : SA11AI.32113
 Amount of Each Receipt this Period
 150.00

C. MS SANDRA K WERNER 978
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 W JOHNS AVE
 City HERMISTON State OR Zip Code 97838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 04 / 24 / 2014
Transaction ID : SA11AI.35881
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS BONNIE WHITE COON 365
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 291
 City ATMORE State AL Zip Code 36504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIAMOND GASOLINE Occupation STATION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.35456
 Amount of Each Receipt this Period
 500.00

B. MR PRESTON G WOOD 088
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 LANDSDOWN RD
 City ANNANDALE State NJ Zip Code 08801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 04 / 07 / 2014
Transaction ID : SA11AI.32774
 Amount of Each Receipt this Period
 150.00

C. MR PRESTON G WOOD 088
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 LANDSDOWN RD
 City ANNANDALE State NJ Zip Code 08801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : SA11AI.42070
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 109 OF 139
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DENNIS WURZELBACHER 452
 Full Name (Last, First, Middle Initial)
 Mailing Address 3561 W KEMPER RD
 City State Zip Code
 CINCINNATI OH 45251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF
 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
 06 / 03 / 2014
Transaction ID : SA11AI.41836
 Amount of Each Receipt this Period
 150.00

B. MR DENNIS WURZELBACHER 452
 Full Name (Last, First, Middle Initial)
 Mailing Address 3561 W KEMPER RD
 City State Zip Code
 CINCINNATI OH 45251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.45025
 Amount of Each Receipt this Period
 50.00

C. MS ANGELA B YALAMANCHILI 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 11204 CYPRESS CT
 City State Zip Code
 HOUSTON TX 77065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 C&C INVESTMENST
 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
 06 / 09 / 2014
Transaction ID : SA11AI.43595
 Amount of Each Receipt this Period
 200.00

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 111 OF 139
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. ACTIVE ENGAGEMENT LLC		Date of Receipt
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
LANSLOWNE	VA	20176
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.48336
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="566.02"/>
Receipt For:	Aggregate Year-to-Date ▼	LIST RENTAL INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3447.86"/>	

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Receipt
Mailing Address 325 SPRINGSIDE DR		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
AKRON	OH	44333
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.48339
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2436.57"/>
Receipt For:	Aggregate Year-to-Date ▼	LIST RENTAL INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2436.57"/>	

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Receipt
Mailing Address 325 SPRINGSIDE DR		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
AKRON	OH	44333
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.48338
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1874.07"/>
Receipt For:	Aggregate Year-to-Date ▼	LIST RENTAL INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4310.64"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4876.66"/>
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: PAGE 112 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 SPRINGSIDE DR
 City AKRON State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 8945.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : SA17.48337
 Amount of Each Receipt this Period
 4634.89
 LIST RENTAL INCOME

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4634.89
TOTAL This Period (last page this line number only).....▶	9511.55

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City CLEVELAND State OH Zip Code 44190

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2014

Transaction ID : SB21B.48340

Amount of Each Disbursement this Period

9924.28

Full Name (Last, First, Middle Initial)

B. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City CLEVELAND State OH Zip Code 44190

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB21B.48342

Amount of Each Disbursement this Period

2437.50

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK CHARGES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.48368

Amount of Each Disbursement this Period

2965.41

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

15327.19

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"/> 24	<input type="checkbox"/> 25	<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. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48370
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 2092.55	
Purpose of Disbursement BANK CHARGES	Category/Type 001	Amount of Each Disbursement this Period 2092.55
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48372
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 5076.37	
Purpose of Disbursement BANK CHARGES	Category/Type 001	Amount of Each Disbursement this Period 5076.37
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.48367
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 136000.00	
Purpose of Disbursement TELEMARKETING SERVICES	Category/Type 003	Amount of Each Disbursement this Period 136000.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	143168.92
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING SERVICES

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2014

Transaction ID : **SB21B.48369**

Amount of Each Disbursement this Period

55000.00

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING SERVICES

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : **SB21B.48371**

Amount of Each Disbursement this Period

150000.00

Full Name (Last, First, Middle Initial)

C. LYNNBURN COMMUNICATONS INC

Mailing Address 39 CEDARWOOD LN

City CHADDS FORD State PA Zip Code 19317

Purpose of Disbursement
LETTERSHOP & PRINTING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : **SB21B.48352**

Amount of Each Disbursement this Period

8309.80

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

213309.80

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B.48353

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.48354

Amount of Each Disbursement this Period

6500.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : SB21B.48355

Amount of Each Disbursement this Period

5250.00

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

13250.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.48356

Amount of Each Disbursement this Period

5250.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
FEC REPORTING & BEST EFFORTS MAILINGS

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2014

Transaction ID : SB21B.48357

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING & POSTAGE REIMB

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.48358

Amount of Each Disbursement this Period

9500.00

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

22250.00

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"/> 24	<input type="checkbox"/> 25	<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. E M SEILER

Mailing Address

City WINCHESTER State VA Zip Code 22601

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : **SB21B.48345**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. E M SEILER

Mailing Address

City WINCHESTER State VA Zip Code 22601

Purpose of Disbursement
CAGING & DATA ENTRY

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : **SB21B.48347**

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - WEBSITE UPDATE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : **SB21B.48359**

Amount of Each Disbursement this Period

2419.00

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

4069.00

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"/> 24	<input type="checkbox"/> 25	<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. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	4

Transaction ID : **SB21B.48360**

Amount of Each Disbursement this Period

7	0	5	2	.	7	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : **SB21B.48361**

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - FUNDRAISING

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : **SB21B.48362**

Amount of Each Disbursement this Period

1	5	6	4	.	6	7	8
---	---	---	---	---	---	---	---

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

3	0	1	9	.	5	6
---	---	---	---	---	---	---

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

3	0	1	9	.	5	6
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2014

Transaction ID : **SB21B.48363**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
DATA PROCESSING & LIST MAINTENANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : **SB21B.48364**

Amount of Each Disbursement this Period

3263.67

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : **SB21B.48365**

Amount of Each Disbursement this Period

100.69

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

10864.36

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

452438.83

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE STRIKEFORCE PAC

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : SB23.48343

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SENATOR BOB SMITH

Mailing Address PO BOX 21

City MERRIMACK State NH Zip Code 03054

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

BOB SMITH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

Transaction ID : SB23.48351

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ELECT SHERIFF JOE ARPAIO

Mailing Address

City State Zip Code
SCOTTSDALE AZ

Purpose of Disbursement
POLITICAL CONTRIBUTION - STATE

012

Category/
Type

Candidate Name

SHERIFF JOE ARPAIO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SB29.48348

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

2500.00

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

2500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 123 OF 139
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORP	Nature of Debt (Purpose): VOTER CONTACT & SOLICITATION CALLS
Mailing Address 325 SPRINGSIDE DR	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period <input type="text" value="87349.91"/>	Transaction ID : SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="87349.91"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="87349.91"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="87349.91"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="87349.91"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004
Name of Federal Candidate MARK BEGICH Support Oppose
Office Sought: House Senate State: AK
Disbursement For: Primary General 2014

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004
Name of Federal Candidate MARK L PRYOR Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 07/15/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
MARK E UDALL
Support Oppose
Office Sought: House Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 3625.03

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
3625.03
Transaction ID : SE.4117
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
MARY L LANDRIEU
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 3159.21

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
3159.21
Transaction ID : SE.4118
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
AL FRANKEN
Support Oppose
Office Sought: House Senate
District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought 3724.72

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
3724.72
Transaction ID : SE.4119
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
JOHN E WALSH
Support Oppose
Office Sought: House Senate
District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought 711.60

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
711.60
Transaction ID : SE.4120
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 946.49
City AKRON State OH Zip Code 44333	Transaction ID : SE.4121
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Name of Federal Candidate JEANNE SHAHEEN	Category/Type 004
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 946.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 6801.78
City AKRON State OH Zip Code 44333	Transaction ID : SE.4122
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Name of Federal Candidate KAY R HAGAN	Category/Type 004
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 6801.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2763.41

Date of Public Distribution/Dissemination 04 / 01 / 2014
Amount 2763.41
Transaction ID : SE.4123
Date of Disbursement or Obligation 04 / 01 / 2014
Office Sought: House District: 00
President Senate State: OR
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate MARK J WARNER
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 5752.54

Date of Public Distribution/Dissemination 04 / 01 / 2014
Amount 5752.54
Transaction ID : SE.4124
Date of Disbursement or Obligation 04 / 01 / 2014
Office Sought: House District: 00
President Senate State: VA
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 1721.93	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.29778
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
2213.91			

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 7081.34	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.29779
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
9104.58			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
[MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK E UDALL
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 16312.64

Date of Public Distribution/Dissemination 04 / 01 / 2014
Amount 12687.61
Transaction ID : SE.29780
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
Senate State: CO
Disbursement For: Primary General 2014

Full Name of Payee INFOCISION MANAGEMENT CORP
[MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARY L LANDRIEU
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 14216.43

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 11057.22
Transaction ID : SE.29781
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate AL FRANKEN Support Oppose
Calendar Year-To-Date Per Election for Office Sought 16761.23

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 13036.51
Transaction ID : SE.29782
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00 Senate State: MN
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate JOHN E WALSH Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3202.21

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 2490.61
Transaction ID : SE.29783
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00 Senate State: MT
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate
JEANNE SHAHEEN
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 4259.20

Date of Public Distribution/Dissemination
04 / 24 / 2014
Amount
3312.71
Transaction ID : SE.29784
Date of Disbursement or Obligation
04 / 24 / 2014
Office Sought: House District: 00
Senate State: NH
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate
KAY R HAGAN
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 30608.02

Date of Public Distribution/Dissemination
04 / 24 / 2014
Amount
23806.24
Transaction ID : SE.29785
Date of Disbursement or Obligation
04 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY Support Oppose
Calendar Year-To-Date Per Election for Office Sought 12435.36

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 9671.95
Transaction ID : SE.29786
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
Senate State: OR
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate MARK J WARNER Support Oppose
Calendar Year-To-Date Per Election for Office Sought 25886.43

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 20133.89
Transaction ID : SE.29787
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
Senate State: VA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate
MARK BEGICH
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 4181.83

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
1967.92
Transaction ID : SE.29803
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought: House District: 00
Senate State: AK
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate
MARK L PRYOR
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 17197.54

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
8092.96
Transaction ID : SE.29804
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 07 / 15 / 2014
Signature

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate MARK E UDALL Support Oppose
Calendar Year-To-Date Per Election for Office Sought 30812.77

Date of Public Distribution/Dissemination 06 / 20 / 2014
Amount 14500.13
Transaction ID : SE.29805
Date of Disbursement or Obligation 06 / 20 / 2014
Office Sought: House District: 00
Senate State: CO
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate MARY L LANDRIEU Support Oppose
Calendar Year-To-Date Per Election for Office Sought 26853.25

Date of Public Distribution/Dissemination 06 / 20 / 2014
Amount 12636.82
Transaction ID : SE.29806
Date of Disbursement or Obligation 06 / 20 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate AL FRANKEN Support Oppose Office Sought: House Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 31660.10
Date of Public Distribution/Dissemination 06/20/2014
Amount 14898.87
Transaction ID: SE.29807
Date of Disbursement or Obligation 06/20/2014
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate JOHN E WALSH Support Oppose Office Sought: House Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 6048.62
Date of Public Distribution/Dissemination 06/20/2014
Amount 2846.41
Transaction ID: SE.29808
Date of Disbursement or Obligation 06/20/2014
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 3785.95	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.29809
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		8045.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 27207.13	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.29810
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		57815.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 15 / 2014

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY Support Oppose
Calendar Year-To-Date Per Election for Office Sought 23489.02

Date of Public Distribution/Dissemination 06/20/2014
Amount 11053.66
Transaction ID : SE.29811
Date of Disbursement or Obligation 06/20/2014
Office Sought: House District: 00
President Senate State: OR
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate MARK J WARNER Support Oppose
Calendar Year-To-Date Per Election for Office Sought 48896.59

Date of Public Distribution/Dissemination 06/20/2014
Amount 23010.16
Transaction ID : SE.29812
Date of Disbursement or Obligation 06/20/2014
Office Sought: House District: 00
President Senate State: VA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: STRATEGIC CAMPAIGN GROUP [MEMO ITEM]
Mailing Address: 4600 NORTH FAIRFAX DR SUITE 802
City: ARLINGTON State: VA Zip Code: 22203
Purpose of Expenditure: TELETOWN HALL - ACTIVIST RECRUITMENT
Category/Type: 004
Name of Federal Candidate: JONI ERNST
Support: [X] Oppose: []
Office Sought: Senate State: IA
Amount: 7500.00
Date of Public Distribution/Dissemination: 06/18/2014
Date of Disbursement or Obligation: 06/18/2014
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought: 7500.00

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Support Oppose
Office Sought: House Senate State
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 0.00

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