

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From:

01 ' 01 ' 2015

To:

06 ' 30 ' 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2015</i>		<i>345.31</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>345.31</i>	
(c) Total Receipts (from Line 19).....	<i>110.00</i>	<i>110.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>455.31</i>	<i>455.31</i>
7. Total Disbursements (from Line 31).....	<i>455.31</i>	<i>455.31</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>0.</i>	<i>0.</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>0.</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>8,574.84</i>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} *01 / 01 / 2015* To: ^{M M / D D / Y Y Y Y} *06 / 30 / 2015*

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).....	0.	0.
(ii) Unitemized.....	110.00	110.
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	110.00	110.
(b) Political Party Committees.....	0.	0.
(c) Other Political Committees (such as PACs).....	0.	0.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	110.00	110.
12. Transfers From Affiliated/Other Party Committees.....	0.	0.
13. All Loans Received.....	0.	0.
14. Loan Repayments Received.....	0.	0.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.	0.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.	0.
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.	0.
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.	0.
(b) Levin Funds (from Schedule H5).....	0.	0.
(c) Total Transfers (add 18(a) and 18(b))..	0.	0.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	110.00	110.
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	110.00	110.00

NON-FEDERAL CONTRIBUTION

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.	0.
(ii) Non-Federal Share	0.	0.
(b) Other Federal Operating Expenditures	4,553.1	4,553.1
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4,553.1	4,553.1
22. Transfers to Affiliated/Other Party Committees	0.	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.	0.
24. Independent Expenditures (use Schedule E)	0.	0.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.	0.
26. Loan Repayments Made	0.	0.
27. Loans Made	0.	0.
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.	0.
(b) Political Party Committees	0.	0.
(c) Other Political Committees (such as PACs)	0.	0.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.	0.
29. Other Disbursements	0.	0.
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.	0.
(ii) "Levin" Share	0.	0.
(b) Federal Election Activity Paid Entirely With Federal Funds	0.	0.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.	0.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4,553.1	4,553.1
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4,553.1	4,553.1

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.	0.
34. Total Contribution Refunds (from Line 28(d))	0.	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.	0.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	455.31	455.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.	0.
38. Net Operating Expenditures (subtract Line 37 from Line 36)	455.31	455.31

NON-FEDERAL CAMPAIGN CONTRIBUTION

**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 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	0

2011-01-01 10:00:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF C
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial)
Authoriz.net

Date of Disbursement
MM/DD/YYYY
01/13/2015

Mailing Address
P O Box 947

City
American Fork State
VT Zip Code
84003

Purpose of Disbursement
Merchant Fee

Candidate Name

Amount of Each Disbursement this Period
5600

Category/Type
001

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

State: District:

B. Full Name (Last, First, Middle Initial)
Virginia State Corporation Commission

Date of Disbursement
MM/DD/YYYY
01/17/2015

Mailing Address
1300 E. Main St.

City
Richmond, VA State
23219 Zip Code

Purpose of Disbursement
Corporate renewal

Candidate Name

Amount of Each Disbursement this Period
2500

Category/Type
001

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

State: District:

C. Full Name (Last, First, Middle Initial)
Wells Fargo Bank

Date of Disbursement
MM/DD/YYYY
01/29/2015

Mailing Address
155 Broadview Avenue

City
Warrenton, VA State
20186 Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period
500

Category/Type
001

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

State: District:

SUBTOTAL of Disbursements This Page (optional)..... **8600**

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)

PAGE 2 OF 5

<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)

The Conservative Caucus Political Action Committee

Full Name (Last, First, Middle Initial)

A. <i>Authorize.net</i>		Date of Disbursement
Mailing Address <i>PO Box 947</i>		<i>02 11 2015</i>
City <i>American Fork</i>	State <i>VT</i>	Zip Code <i>84003</i>
Purpose of Disbursement <i>Merchant Fee</i>	001	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<i>56.00</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. <i>Wells Fargo Bank</i>		Date of Disbursement
Mailing Address <i>155 Broadview Ave.</i>		<i>02 27 2015</i>
City <i>Warrington, VA</i>	State <i>VA</i>	Zip Code <i>20186</i>
Purpose of Disbursement <i>Bank Fee</i>	001	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<i>5.00</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. <i>Authorize.net</i>		Date of Disbursement
Mailing Address <i>PO Box 947</i>		<i>03 11 2015</i>
City <i>American Fork</i>	State <i>VT</i>	Zip Code <i>84003</i>
Purpose of Disbursement <i>Merchant Fee</i>	001	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<i>56.00</i>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) *117.00*

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)						PAGE <u>3</u> OF <u>5</u>	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. *Wells Fargo Bank*

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 26 / 2015

Mailing Address: *155 Broadview Avenue*

City: *Warronton* State: *VA* Zip Code: *20186*

Purpose of Disbursement: *Bank Fee*

Candidate Name: _____

Amount of Each Disbursement this Period: 5.00

Category/Type: 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B. *List Processing Specialists*

Full Name (Last, First, Middle Initial)

Date of Disbursement: 04 / 06 / 2015

Mailing Address: *PO Box 2325*

City: *Fairfax* State: *VA* Zip Code: *22031*

Purpose of Disbursement: *Data Processing*

Candidate Name: _____

Amount of Each Disbursement this Period: 15.00

Category/Type: 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C. *Charles Drudorff*

Full Name (Last, First, Middle Initial)

Date of Disbursement: 04 / 06 / 2015

Mailing Address: *1125 Old Bridge Rd*

City: *Amisville* State: *VA* Zip Code: *20106*

Purpose of Disbursement: *supplies, postage, copying*

Candidate Name: _____

Amount of Each Disbursement this Period: 79.74

Category/Type: 001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....▶ 99.74

TOTAL This Period (last page this line number only).....▶ 99.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 4 OF 5
	<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)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial)
Authorize.net

Date of Disbursement
04 / 10 / 2015

Mailing Address
PO Box 947

City
American Fork, VT State
Zip Code
84003

Purpose of Disbursement
Merchant Fee

Candidate Name

Amount of Each Disbursement this Period
56.00

Category/Type
001

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

State: District:

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

Date of Disbursement
04 / 27 / 2015

Mailing Address
155 Broadview Ave.

City
Warrenton, VA State
Zip Code
20186

Purpose of Disbursement
Bank Fee

Candidate Name

Amount of Each Disbursement this Period
5.00

Category/Type
001

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

State: District:

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

Date of Disbursement
05 / 12 / 2015

Mailing Address
PO Box 947

City
American Fork, UT State
Zip Code
84003

Purpose of Disbursement
Merchant Fee

Candidate Name

Amount of Each Disbursement this Period
56.00

Category/Type
001

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

State: District:

SUBTOTAL of Disbursements This Page (optional)..... *117.00*

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)

PAGE 5 OF 5

<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)
The Conservative Caucus Political Action Committee

A. *Wells Fargo*

Full Name (Last, First, Middle Initial)

Mailing Address: *155 Broadview Ave.*

City: *Warrenton, VA* State: *VA* Zip Code: *20186*

Purpose of Disbursement: *Bank Fee*

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: _____ District: _____

Date of Disbursement: *05/28/2015*

Amount of Each Disbursement this Period: *5.00*

Category/Type: *001*

B. *Authorize.net*

Full Name (Last, First, Middle Initial)

Mailing Address: *PO Box 947*

City: *American Fork, UT* State: *UT* Zip Code: *84003*

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: _____ District: _____

Date of Disbursement: *06/10/2015*

Amount of Each Disbursement this Period: *30.57*

Category/Type: *001*

C. _____

Full Name (Last, First, Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

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

TOTAL This Period (last page this line number only).....▶ *455.31*

NON-FINANCIAL INFORMATION

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

The Conservative Caucus Political Action Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

TOTALS This Period (last page in this line only) ▶ , , 0.

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NON-PROFIT CORPORATION

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

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Strive Communications</i>	Nature of Debt (Purpose): <i>printing & mailing</i>
Mailing Address <i>11921 Freedom Dr., Ste 550</i>	
City State Zip Code <i>Reston VA 20190</i>	

Outstanding Balance Beginning This Period <i>5,868.00</i>	Amount Incurred This Period <i>0</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>5,868.00</i>
--	---	---------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Conrad Direct</i>	Nature of Debt (Purpose): <i>List Rental</i>
Mailing Address <i>300 Knickerbocker Rd</i>	
City State Zip Code <i>Cresskill NJ 07626</i>	

Outstanding Balance Beginning This Period <i>1,141.41</i>	Amount Incurred This Period <i>0</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>1,141.41</i>
--	---	---------------------------------	--

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>The Water Agency</i>	Nature of Debt (Purpose): <i>direct mail consulting</i>
Mailing Address <i>211 N. Union St, Ste 100</i>	
City State Zip Code <i>Alexandria VA 22314</i>	

Outstanding Balance Beginning This Period <i>1,500.00</i>	Amount Incurred This Period <i>0</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>1,500.00</i>
--	---	---------------------------------	--

1) SUBTOTALS This Period This Page (optional).....▶	, , .
2) TOTALS This Period (last page this line number only).....▶	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	, , .

NON-FEDERAL CAMPAIGN CONTRIBUTION

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

(Use separate schedule(s) for each numbered line) PAGE 2 OF 2

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Wells Fargo BK</i>	Nature of Debt (Purpose): <i>Overdraft</i>
Mailing Address <i>155 Broadview Ave</i>	
City State Zip Code <i>Warrenton VA 20786</i>	

Outstanding Balance Beginning This Period <i>0</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>65.43</i>
Amount Incurred This Period <i>65.43</i>		

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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

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

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	<i>8574.84</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>0</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>8574.84</i>

NON-FEDERAL CAMPAIGN FINANCING

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
The Conservative Caucus Political Action Committee

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
 If YES, name the designating committee:
 Full Name of Subordinate Committee
 Mailing Address
 City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/ Type
Mailing Address		Date		
City State Zip Code		M M / D D / Y Y Y Y		Amount
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District: _____		
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/ Type
Mailing Address		Date		
City State Zip Code		M M / D D / Y Y Y Y		Amount
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District: _____		
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/ Type
Mailing Address		Date		
City State Zip Code		M M / D D / Y Y Y Y		Amount
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District: _____		
Aggregate General Election Expenditure for this Candidate ▶				

SUBTOTAL of Expenditures This Page (optional).....▶
 TOTAL This Period (last page this line number only).....▶ *0*

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Federal Election Commission
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