

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

CONSERVATIVE MAJORITY FUND

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

ATTN: SCOTT B MACKENZIE  
 Check if different than previously reported. (ACC)  
ARLINGTON VA 22206

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

C C00524454

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

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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

MACKENZIE, SCOTT B, , ,

Type or Print Name of Treasurer

Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="43517.15"/>	<input type="text" value="43517.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28183.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="64962.08"/>	<input type="text" value="230810.63"/>
(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="93145.09"/>	<input type="text" value="274327.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67002.49"/>	<input type="text" value="248185.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26142.60"/>	<input type="text" value="26142.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="26939.69"/>	

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).....	16975.00	28812.00
(ii) Unitemized .....	47987.08	201998.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	64962.08	230810.63
(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) .....	64962.08	230810.63
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	64962.08	230810.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64962.08	230810.63

**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 .....	32579.31	92451.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32579.31	92451.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E) .....	2943.53	78594.07
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	31479.65	74639.21
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67002.49	248185.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67002.49	248185.18

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	64962.08	230810.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64962.08	230810.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	32579.31	92451.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32579.31	92451.90

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALSTADT 151, NANCY A, , MS,  
Mailing Address 1918 FRANKLIN PL

City MOON TOWNSHIP	State PA	Zip Code 15108
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

**Transaction ID : SA11AI.11250**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ARCHER 774, LYNNE, , MS,  
Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : SA11AI.11273**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ARCHER 774, LYNNE, , MS,  
Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN	Occupation (for Individual) AUTO DEALER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2018

**Transaction ID : SA11AI.11272**

Amount of Each Receipt this Period  
350.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 61
	<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. ARNOLD 492, FLORENCE M, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 N MANNING ST

City HILLSDALE	State MI	Zip Code 49242
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2018

**Transaction ID : SA11AI.11277**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. AYERS 618, HELEN Z, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 724 E 1000 NORTH RD

City BEMENT	State IL	Zip Code 61813
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2018

**Transaction ID : SA11AI.11289**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. BARTOL 801, PAMELA B, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15851 BRIDLE RIDGE DR

City MONUMENT	State CO	Zip Code 80132
------------------	-------------	-------------------

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

Name of Employer (for Individual) A LADY OF INDEPENDENCE NEED	Occupation (for Individual) 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
09		25		2018

**Transaction ID : SA11AI.11314**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	245.00
<b>TOTAL</b> 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 8 OF 61
	<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. BEASON 773, JOHN W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1440 BRAZOS DR APT 159

City HUNTSVILLE	State TX	Zip Code 77320
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2018

**Transaction ID : SA11AI.11333**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. BENTLEY 522, RONALD J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 EMMONS ST

City HIAWATHA	State IA	Zip Code 52233
------------------	-------------	-------------------

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

Name of Employer (for Individual) BVENTLY INCORPORATED	Occupation (for Individual) BUSINESS OWNER
---	---

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
07		05		2018

**Transaction ID : SA11AI.11350**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1019 VAN SICLEN AVE  
APT 5J

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

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

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
07		31		2018

**Transaction ID : SA11AI.11356**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. BERRY 112, YVONNE R, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 VAN SICLEN AVE  
 APT 5J  
 City BROOKLYN State NY Zip Code 11207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2018  
**Transaction ID : SA11AI.11355**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. BOATES 372, MARSHALL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 101274  
 City NASHVILLE State TN Zip Code 37224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARSHALL RECKER SERVICE Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 22 / 2018  
**Transaction ID : SA11AI.11378**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. BOATSWAIN 112, VALARIE J, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 SCHENCK AVE  
 City BROOKLYN State NY Zip Code 11207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 16 / 2018  
**Transaction ID : SA11AI.11379**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<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. BOLT 494, CLARENCE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 W LAKEWOOD BLVD  
 City HOLLAND State MI Zip Code 49424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C R BOLT CO Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 11 / 2018  
**Transaction ID : SA11AI.11382**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BOLT 494, CLARENCE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 W LAKEWOOD BLVD  
 City HOLLAND State MI Zip Code 49424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C R BOLT CO Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 13 / 2018  
**Transaction ID : SA11AI.11383**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BROWN 380, CLIFFORD A, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 WILLIAM BLAYDES ST  
 City ATOKA State TN Zip Code 38004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 03 / 2018  
**Transaction ID : SA11AI.11428**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
	<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. BUFFALOE 275, CAROLYN P, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1845 LAKE GLEN DR  
 City FUQUAY VARINA State NC Zip Code 27526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUMMERWINDS INC Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 23 / 2018  
**Transaction ID : SA11AI.11444**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. CASEY 306, BECKY G, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1761 A P ROPER RD  
 City GREENSBORO State GA Zip Code 30642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : SA11AI.11491**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. CASSINGHAM 233, DOROTHY J, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1146 WHITBURN TER  
 City CHESAPEAKE State VA Zip Code 23322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : SA11AI.11497**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 61
	<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. CASWELL 600, MARGARET G, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 SHERIDAN RD

City KENILWORTH	State IL	Zip Code 60043
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PERSONAL INVESTOR
--	--

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
07		16		2018

**Transaction ID : SA11AI.11498**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. CHAPMAN 162, JOSEPH R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 216 BUFFALO ST

City FREEPORT	State PA	Zip Code 16229
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : SA11AI.11508**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. COLLINS 974, MARIE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3087 POWDER RIVER DR

City EUGENE	State OR	Zip Code 97408
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2018

**Transaction ID : SA11AI.11541**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CONTI 809, JESSE D, , MR,**  
 Mailing Address 4781 TURQUOISE CIR  
 City COLORADO SPRINGS State CO Zip Code 80917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 29 / 2018  
**Transaction ID : SA11AI.11549**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. COOLEY 957, EDWIN L, , MR,**  
 Mailing Address 3801 VILLA SERENA CIR  
 City ROCKLIN State CA Zip Code 95765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.11558**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. COTHRAN 786, BRENDA, , MS,**  
 Mailing Address 132 CASA LOMA CIR  
 City GEORGETOWN State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : SA11AI.11571**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. DAVIS 325, JANIS A, , MS,**  
Mailing Address 5084 MANDAVILLA BLVD

City GULF BREEZE	State FL	Zip Code 32563
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INTERIOR DESIGNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
08 / 28 / 2018  
Transaction ID : SA11AI.11613

Amount of Each Receipt this Period  
75.00

Memo Item

**B. DELATORRE 770, CECI, , MS,**  
Mailing Address 1200 MISSOURI ST

City HOUSTON	State TX	Zip Code 77006
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
08 / 28 / 2018  
Transaction ID : SA11AI.11625

Amount of Each Receipt this Period  
100.00

Memo Item

**C. DELLE 371, STEVEN D, , ,**  
Mailing Address 408 NESBITT LN

City MADISON	State TN	Zip Code 37115
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SURVEYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt  
08 / 06 / 2018  
Transaction ID : SA11AI.11626

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> 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 15 OF 61
	<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. DENNIS 559, DONNA M, , MS,**  
Mailing Address 54894 300TH ST

City AUSTIN	State MN	Zip Code 55912
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
09 / 10 / 2018  
Transaction ID : SA11AI.11631

Amount of Each Receipt this Period  
70.00

Memo Item

**B. DENNIS 761, LARRY, , MR,**  
Mailing Address 4601 LON STEVENSON RD

City FOREST HILL	State TX	Zip Code 76140
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) LARY COMPANY		Occupation (for Individual) SELF EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
09 / 20 / 2018  
Transaction ID : SA11AI.11634

Amount of Each Receipt this Period  
200.00

Memo Item

**C. DICK 280, KATHY L, , MR,**  
Mailing Address 43650 RUMMAGE RD

City ALBEMARLE	State NC	Zip Code 28001
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
07 / 06 / 2018  
Transaction ID : SA11AI.11651

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	345.00
<b>TOTAL</b> 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 16 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. DREAMKOWSKI 782, EDDIE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4023 GAGE XING

City SAN ANTONIO	State TX	Zip Code 78253
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2018  
**Transaction ID : SA11AI.11698**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. DUIS 491, SHIRLEY, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 PARKWAY ST

City NILES	State MI	Zip Code 49120
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) LAKERUN HOURS		Occupation (for Individual) MEDICAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2018  
**Transaction ID : SA11AI.11709**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. FALARDEAU 015, GEORGE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 167 HUDSON ST

City NORTHBOROUGH	State MA	Zip Code 01532
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2018  
**Transaction ID : SA11AI.11787**

Amount of Each Receipt this Period  
 100.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. FASULO 334, HOLLY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 LAKESIDE DR

City NORTH PALM BEACH	State FL	Zip Code 33408
--------------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

**Transaction ID : SA11AI.11798**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. FLANAGAN 104, GLENNA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2757 SCHURZ AVE

City BRONX	State NY	Zip Code 10465
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2018

**Transaction ID : SA11AI.11821**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. FRAHM 321, DONALD R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 AVENUE DE LA MER APT 1006

City PALM COAST	State FL	Zip Code 32137
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : SA11AI.11838**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
	<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. GALLAGHER 336, DANIEL E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 BROOKDALE

City TAMPA	State FL	Zip Code 33629
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

**Transaction ID : SA11AI.11859**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 7814 ANTIONETTE DR

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2018

**Transaction ID : SA11AI.11876**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. GAVIN 334, NORMAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 364 EAGLE DR

City JUPITER	State FL	Zip Code 33477
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

**Transaction ID : SA11AI.11883**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
	<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. GOIN 660, GERALD G, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1248 SAINT COLUMBUS RD

City WATHENA	State KS	Zip Code 66090
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FEC ID number of contributing federal political committee. **C**

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

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
07		10		2018

**Transaction ID : SA11AI.11901**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. GREBING 637, MILDRED L, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 PCR 428

City FROHNA	State MO	Zip Code 63748
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.11927**

Amount of Each Receipt this Period  
55.00

Memo Item

**C. GRIFFITH 330, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1178 GRANT ST

City HOLLYWOOD	State FL	Zip Code 33019
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

**Transaction ID : SA11AI.11933**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
	<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. GRIFFITH 330, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1178 GRANT ST

City HOLLYWOOD	State FL	Zip Code 33019
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

**Transaction ID : SA11AI.11934**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. GRIFFITH 330, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1178 GRANT ST

City HOLLYWOOD	State FL	Zip Code 33019
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2018

**Transaction ID : SA11AI.11932**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. HAIN 062, VIRGINIA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 472 JERUSALEM RD

City WINDHAM	State CT	Zip Code 06280
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.11952**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<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. HANLEY 349, ELEANOR S, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2254 SW WATERVIEW PL

City PALM CITY	State FL	Zip Code 34990
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

**Transaction ID : SA11AI.11963**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. HEMANN 662, MARY LOU, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4508 W 139TH ST

City OVERLAND PARK	State KS	Zip Code 66224
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2018

**Transaction ID : SA11AI.12004**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. HERZOG 949, MARILYN R, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7689 LAKEVILLE HWY

City PETALUMA	State CA	Zip Code 94954
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

**Transaction ID : SA11AI.12023**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 61
	<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. HOLBROOK 496, JOANNA, , MS,**  
Mailing Address 1484 W RIVER RD

City TRAVERSE CITY	State MI	Zip Code 49686
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2018  
**Transaction ID : SA11AI.12039**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. HUDSON 234, ERNEST L, , MR,**  
Mailing Address 821 MOULTRIE CT

City VIRGINIA BCH	State VA	Zip Code 23455
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2018  
**Transaction ID : SA11AI.12064**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. KLAHN 970, LAURIE, , MS,**  
Mailing Address 33727 SE LUSTED RD

City GRESHAM	State OR	Zip Code 97080
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) ROGER KLAHN INC		Occupation (for Individual) SECRETARY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2018  
**Transaction ID : SA11AI.12178**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 23 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. KNAUS 530, JAMES, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N10041 ROCKVALE RD

City MAYVILLE	State WI	Zip Code 53050
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2018

**Transaction ID : SA11AI.12185**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. KROPP 103, WESLEY W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 COURT ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) WESLEY KROPP DESIGNS	Occupation (for Individual) BUSINESS OWNER
---	---

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
09		24		2018

**Transaction ID : SA11AI.12202**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. KUBALL 491, VIRGINIA L, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3017 JOHNSON RD  
LOT 4

City STEVENSVILLE	State MI	Zip Code 49127
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : SA11AI.12208**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 24 OF 61
	<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. KUBALL 491, VIRGINIA L, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3017 JOHNSON RD  
 LOT 4  
 City STEVENSVILLE State MI Zip Code 49127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 20 / 2018  
**Transaction ID : SA11AI.12207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. LAUQUAN 114, AVIS, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10151 106TH ST  
 City OZONE PARK State NY Zip Code 11416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 15 / 2018  
**Transaction ID : SA11AI.12233**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. LESSIG 212, RICHARD B, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 ADMIRAL BLVD  
 City BALTIMORE State MD Zip Code 21222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 20 / 2018  
**Transaction ID : SA11AI.12250**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<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. LESSIG 212, RICHARD B, , MR,**  
Mailing Address 13 ADMIRAL BLVD

City BALTIMORE	State MD	Zip Code 21222
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2018  
**Transaction ID : SA11AI.12249**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. LOCKE 043, SARAH, , MS,**  
Mailing Address PO BOX 12

City JEFFERSON	State ME	Zip Code 04348
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2018  
**Transaction ID : SA11AI.12286**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. LYON 346, YVONNE M, , MS,**  
Mailing Address 3025 LEPRECHAUN LN

City PALM HARBOR	State FL	Zip Code 34683
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 205.00	

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2018  
**Transaction ID : SA11AI.12300**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> 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 61
	<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. MATTHEWS 804, DEBORAH, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 26  
 City IDLEDALE State CO Zip Code 80453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 21 / 2018  
**Transaction ID : SA11AI.12331**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. MAXIMOVICH 442, FRANCIS J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1832 SACKETT AVE  
 City CUYAHOGA FALLS State OH Zip Code 44223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 24 / 2018  
**Transaction ID : SA11AI.12336**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. MECHON 995, LINDA S, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 222209  
 City ANCHORAGE State AK Zip Code 99522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 20 / 2018  
**Transaction ID : SA11AI.12385**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. MIRAMONTES 919, ALFRED, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3917 AVENIDA PALO VERDE

City BONITA	State CA	Zip Code 91902
----------------	-------------	-------------------

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

Name of Employer (for Individual) A K ENTERPRISES	Occupation (for Individual) PRESIDENT
--	--

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
07		09		2018

**Transaction ID : SA11Al.12412**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. MIRAMONTES 919, ALFRED, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3917 AVENIDA PALO VERDE

City BONITA	State CA	Zip Code 91902
----------------	-------------	-------------------

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

Name of Employer (for Individual) A K ENTERPRISES	Occupation (for Individual) PRESIDENT
--	--

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
08		23		2018

**Transaction ID : SA11Al.12411**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. MOORE 432, PATRICIA A, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5355 TARTAN LN

City COLUMBUS	State OH	Zip Code 43235
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

**Transaction ID : SA11Al.12423**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> 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 61
	<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. MOORMAN 704, WILLIAM E, , MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HUCKLEBERRY ST  
 City PONCHATOULA State LA Zip Code 70454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 12 / 2018**  
**Transaction ID : SA11AI.12430**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. MORRIS 068, ROBERT E, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 98 RIVERSIDE AVE  
 City RIVERSIDE State CT Zip Code 06878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 03 / 2018**  
**Transaction ID : SA11AI.12442**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. MORRIS 775, ROSE MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4115 CLOVERNOOK LN  
 City SEABROOK State TX Zip Code 77586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 18 / 2018**  
**Transaction ID : SA11AI.12445**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. MOTKO 453, VIRGINIA, , MRS,**  
Mailing Address 6265 SCARFF RD

City NEW CARLISLE	State OH	Zip Code 45344
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**09 / 19 / 2018**  
**Transaction ID : SA11AI.12449**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B. MUNROE 015, WILLIAM, , MR,**  
Mailing Address 9 MAPLE ST

City UPTON	State MA	Zip Code 01568
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) CAVIUM		Occupation (for Individual) CUSTOMER SERVICE REPRESEN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**07 / 09 / 2018**  
**Transaction ID : SA11AI.12457**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. MURPHREY 278, DIANE, , MS,**  
Mailing Address 3987 MOYE TURNAGE RD

City FARMVILLE	State NC	Zip Code 27828
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**09 / 25 / 2018**  
**Transaction ID : SA11AI.12462**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 30 OF 61
	<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. MYERS 173, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4184 E BERLIN RD

City THOMASVILLE	State PA	Zip Code 17364
---------------------	-------------	-------------------

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

Name of Employer (for Individual) HANOVER HOSPITAL	Occupation (for Individual) CARE GIVER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.12471**

Amount of Each Receipt this Period  
105.00

Memo Item

**B. NATION 760, DAVID I, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1404 BRIARWOOD BLVD

City ARLINGTON	State TX	Zip Code 76013
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2018

**Transaction ID : SA11AI.12478**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. NEW 028, MICHAEL A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 WATERCRESS CT

City COVENTRY	State RI	Zip Code 02816
------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2018

**Transaction ID : SA11AI.12488**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	805.00
<b>TOTAL</b> 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 31 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. NOWELL 018, WINFORD T, , MR,**  
Mailing Address 8 ROLLINS ST

City GROVELAND	State MA	Zip Code 01834
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2018  
**Transaction ID : SA11AI.12504**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. NOZNISKY 142, SARAH A, , MS,**  
Mailing Address 54 HARDING AVE

City BUFFALO	State NY	Zip Code 14217
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2018  
**Transaction ID : SA11AI.12505**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ODELL 591, JENNY, , MS,**  
Mailing Address 375 CAPE COD DR

City BILLINGS	State MT	Zip Code 59102
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) TAILOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2018  
**Transaction ID : SA11AI.12507**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. OLESON 522, ELIZABETH, , MRS,**

Mailing Address 807 4TH ST

City KALONA	State IA	Zip Code 52247
----------------	-------------	-------------------

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

Name of Employer (for Individual) MANFIELD FOUNDATION	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

**Transaction ID : SA11AI.12512**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PANEBIANCO 112, SHIRLEY, , MS,**

Mailing Address 8832 7TH AVE

City BROOKLYN	State NY	Zip Code 11228
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2018

**Transaction ID : SA11AI.12540**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PARKER 304, FRANK C, , MR,**

Mailing Address PO BOX 591

City STATESBORO	State GA	Zip Code 30459
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2018

**Transaction ID : SA11AI.12547**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 33 OF 61
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PIETTE 491, LYSSA M, , ,

Mailing Address 5867 KRUGER RD

City THREE OAKS	State MI	Zip Code 49128
--------------------	-------------	-------------------

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

Name of Employer (for Individual) THREE OAKS MUSEUM	Occupation (for Individual) BOARD MEMBER
--	---

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
07		24		2018

**Transaction ID : SA11AI.12597**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PIETTE 491, LYSSA M, , ,

Mailing Address 5867 KRUGER RD

City THREE OAKS	State MI	Zip Code 49128
--------------------	-------------	-------------------

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

Name of Employer (for Individual) THREE OAKS MUSEUM	Occupation (for Individual) BOARD MEMBER
--	---

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
09		03		2018

**Transaction ID : SA11AI.12596**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
PILON 038, KATHLEEN, , MS,

Mailing Address 1 PENINSULA DR

City STRATHAM	State NH	Zip Code 03885
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

**Transaction ID : SA11AI.12601**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
	<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. PITCAIRN 190, PHYLLIS B, , MS,**  
Mailing Address PO BOX 550

City BRYN ATHYN	State PA	Zip Code 19009
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2018  
**Transaction ID : SA11AI.12604**

Amount of Each Receipt this Period  
175.00

Memo Item

**B. REEVES 308, JOHN, , MR,**  
Mailing Address 4206 RIVERSIDE DR

City EVANS	State GA	Zip Code 30809
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2018  
**Transaction ID : SA11AI.12661**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. REEVES 336, RICHARD, , MR,**  
Mailing Address 3501 BAYSHORE BLVD  
UNIT 803

City TAMPA	State FL	Zip Code 33629
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2018  
**Transaction ID : SA11AI.12662**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
REYES 208, JOSEPH A, , MR,

Mailing Address 10712 ALLOWAY DR

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) OWNER	Occupation (for Individual) CUTLER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2018

**Transaction ID : SA11AI.12664**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RITTER 070, LARRY, , MR,

Mailing Address 66 W MY PLEASANT AVR

City LIVINGSTON	State NJ	Zip Code 07039
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ISRAEL TOUR CONNECTION	Occupation (for Individual) CEO
---	------------------------------------

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
07	/	13	/	2018

**Transaction ID : SA11AI.12677**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RITTER 070, LARRY, , MR,

Mailing Address 66 W MY PLEASANT AVR

City LIVINGSTON	State NJ	Zip Code 07039
--------------------	-------------	-------------------

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

Name of Employer (for Individual) ISRAEL TOUR CONNECTION	Occupation (for Individual) CEO
---	------------------------------------

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
07	/	18	/	2018

**Transaction ID : SA11AI.12676**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 36 OF 61
	(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. ROBERT 322, RICHARD, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12041 BEACH BLVD  
 STE 22

City JACKSONVILLE State FL Zip Code 32246

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

Name of Employer (for Individual) EUROPEAN STREET CAFE Occupation (for Individual) SANDWICH MAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 10 / 2018  
**Transaction ID : SA11AI.12682**

Amount of Each Receipt this Period  
 75.00

Memo Item

**B. ROSENBERG 066, HERBERT, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87 ARDEN RD

City TRUMBULL State CT Zip Code 06611

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 555.00

Date of Receipt  
 07 / 20 / 2018  
**Transaction ID : SA11AI.12705**

Amount of Each Receipt this Period  
 160.00

Memo Item

**C. ROSSING 535, DAVID, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 267

City ARGYLE State WI Zip Code 53504

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 14 / 2018  
**Transaction ID : SA11AI.12707**

Amount of Each Receipt this Period  
 75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
	<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. ROSSING 535, DAVID, , MR,**  
Mailing Address PO BOX 267

City ARGYLE State WI Zip Code 53504

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
 09 / 19 / 2018  
**Transaction ID : SA11AI.12706**

Amount of Each Receipt this Period  
55.00

Memo Item

**B. RUSSELL 884, BARBARA, , MS,**  
Mailing Address PO BOX 363

City LOGAN State NM Zip Code 88426

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

Name of Employer (for Individual) RUSSELL CHARITABLE TRUST Occupation (for Individual) DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 09 / 05 / 2018  
**Transaction ID : SA11AI.12719**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. SAHDALA 330, ROBERT M, , MR,**  
Mailing Address 9521 JOHNSON ST

City HOLLYWOOD State FL Zip Code 33024

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 07 / 10 / 2018  
**Transaction ID : SA11AI.12727**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 61
	<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. SCHELL 651, MILLIE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 TURNBERRY DR

City JEFFERSON CITY	State MO	Zip Code 65109
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

**Transaction ID : SA11AI.12748**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. SCHLOTMAN 452, CARL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8551 NEW ENGLAND CT

City CINCINNATI	State OH	Zip Code 45236
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2018

**Transaction ID : SA11AI.12751**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SCHULZ 631, WALTER M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9557 CARNIVAL DR

City SAINT LOUIS	State MO	Zip Code 63126
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.12763**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 39 OF 61
	<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. SHEPHERD 934, DULCE S, , MS,**  
Mailing Address 638 AQUEDUCT WAY

City SOLVANG State CA Zip Code 93463

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2018  
**Transaction ID : SA11AI.12794**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B. SHIELDS 661, WILLARD, , MR,**  
Mailing Address 62 S VALLEY ST

City KANSAS CITY State KS Zip Code 66102

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2018  
**Transaction ID : SA11AI.12797**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. SIMPSON 018, LEROY, , MR,**  
Mailing Address 9 CALUMET RD

City WINCHESTER State MA Zip Code 01890

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2018  
**Transaction ID : SA11AI.12808**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<b>TOTAL</b> 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 61
	<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. SIMPSON 465, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52780 COUNTY ROAD 131

City BRISTOL	State IN	Zip Code 46507
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

**Transaction ID : SA11AI.12809**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. SIMPSON 465, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52780 COUNTY ROAD 131

City BRISTOL	State IN	Zip Code 46507
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2018

**Transaction ID : SA11AI.12811**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. SIMPSON 465, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52780 COUNTY ROAD 131

City BRISTOL	State IN	Zip Code 46507
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

**Transaction ID : SA11AI.12810**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 61
	<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. SKINNER 386, RALPH, , MR,**  
Mailing Address 6201 COUNTY ROAD 700

City BLUE MOUNTAIN	State MS	Zip Code 38610
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) SALESMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2018  
**Transaction ID : SA11AI.12817**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SMITH 322, RUTH A, , MS,**  
Mailing Address 9601 SOUTHBROOK DR  
APT S116

City JACKSONVILLE	State FL	Zip Code 32256
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2018  
**Transaction ID : SA11AI.12831**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. SMITH 891, RT, , MR,**  
Mailing Address 500 SHETLAND RD

City LAS VEGAS	State NV	Zip Code 89107
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2018  
**Transaction ID : SA11AI.12837**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 42 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. STAGLIANO 194, ANTHONY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 PLYMOUTH RD

City PLYMOUTH MEETING	State PA	Zip Code 19462
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) CPIZ CEE BIZ	Occupation (for Individual) CPA
---	------------------------------------

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
07		16		2018

**Transaction ID : SA11AI.12865**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. STEL 917, WILLIAM G, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15805 E KINGSIDE DR

City COVINA	State CA	Zip Code 91722
----------------	-------------	-------------------

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

Name of Employer (for Individual) PORT OF LA HARBOR DEPT	Occupation (for Individual) ELECTRONICS TECHNICIAN
---	---

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
07		10		2018

**Transaction ID : SA11AI.12876**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. STEL 917, WILLIAM G, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15805 E KINGSIDE DR

City COVINA	State CA	Zip Code 91722
----------------	-------------	-------------------

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

Name of Employer (for Individual) PORT OF LA HARBOR DEPT	Occupation (for Individual) ELECTRONICS TECHNICIAN
---	---

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
08		28		2018

**Transaction ID : SA11AI.12875**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 43 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. STEL 917, WILLIAM G, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15805 E KINGSIDE DR

City COVINA	State CA	Zip Code 91722
----------------	-------------	-------------------

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

Name of Employer (for Individual) PORT OF LA HARBOR DEPT	Occupation (for Individual) ELECTRONICS TECHNICIAN
---	---

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
09		03		2018

**Transaction ID : SA11AI.12877**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. TAVERNETTI 891, TERRELL N, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5903 BUFF BAY ST

City LAS VEGAS	State NV	Zip Code 89148
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2018

**Transaction ID : SA11AI.12917**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. THIENEMAN 471, MARILYN F, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 645 SKY PARK DR NE

City CORYDON	State IN	Zip Code 47112
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MADERA MINISTRIES INC	Occupation (for Individual) VICE PRESIDENT
--	---

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
07		23		2018

**Transaction ID : SA11AI.12934**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 44 OF 61
	<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. TICE 321, CAROL, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 302 S RIDGEWOOD AVE  
LOT 21

City EDGEWATER	State FL	Zip Code 32132
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2018

**Transaction ID : SA11AI.12940**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. TIMMER 786, NANCY P, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 249 SUNDAY CIR

City FREDERICKSBURG	State TX	Zip Code 78624
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

**Transaction ID : SA11AI.12942**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. TIRPOK 085, DOROTHY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 ELM ST

City LAMBERTVILLE	State NJ	Zip Code 08530
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2018

**Transaction ID : SA11AI.12947**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> 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 61
	<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. UMBERGER 253, CHERYL, , MS,**  
Mailing Address 1617 BERKSHIRE PL

City CHARLESTON	State WV	Zip Code 25314
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) CHARLESTON AREA MEDICAL CTR		Occupation (for Individual) MEDICAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>225.00</b>

Date of Receipt  
**09 / 03 / 2018**  
**Transaction ID : SA11AI.12977**

Amount of Each Receipt this Period  
**75.00**

Memo Item

**B. VATUONE 950, ANNAMAE R, , MS,**  
Mailing Address 5885A MONTEREY FRONTAGE RD

City GILROY	State CA	Zip Code 95020
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**09 / 07 / 2018**  
**Transaction ID : SA11AI.12989**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. WILSON 554, MARY J, , MS,**  
Mailing Address 8300 GOLDEN VALLEY RD APT 330

City MINNEAPOLIS	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>260.00</b>

Date of Receipt  
**07 / 25 / 2018**  
**Transaction ID : SA11AI.13075**

Amount of Each Receipt this Period  
**75.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 46 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. WILSON 554, MARY J, , MS,**  
Mailing Address 8300 GOLDEN VALLEY RD APT 330

City MINNEAPOLIS	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>360.00</b>

Date of Receipt  
**08 / 30 / 2018**  
**Transaction ID : SA11AI.13077**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B. WOTIPKA 553, LINDA, , MS,**  
Mailing Address 1205 DICKENSON ST

City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) L A WOTIPKA ENTERPRISES INC		Occupation (for Individual) BUILDING INSPECTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**07 / 11 / 2018**  
**Transaction ID : SA11AI.13101**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. WRIGHT 226, MARGARET, , MS,**  
Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>450.00</b>

Date of Receipt  
**07 / 19 / 2018**  
**Transaction ID : SA11AI.13102**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 47 OF 61  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
YEAMAN 943, SCOTT, , MR,

Mailing Address 2025 E BAYSHORE RD

City PALO ALTO    State CA    Zip Code 94303

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

Name of Employer (for Individual) YEAMAN AUTOBODY INC    Occupation (for Individual) SMALL BUSINESS OWNER

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  
 07 / 18 / 2018

**Transaction ID : SA11AL13113**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16975.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. BAKER HOSTETLER**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 07 / 04 / 2018

FEC Identification Number C00524454  
Transaction ID : SB21B.13147  
Amount of Each Disbursement this Period 2500.00

Memo Item

**B. BAKER HOSTETLER**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 08 / 01 / 2018

FEC Identification Number C00524454  
Transaction ID : SB21B.13148  
Amount of Each Disbursement this Period 2500.00

Memo Item

**C. BAKER HOSTETLER**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 09 / 04 / 2018

FEC Identification Number C00524454  
Transaction ID : SB21B.13149  
Amount of Each Disbursement this Period 2500.00

Memo Item

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

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

7500.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13155</b> Amount of Each Disbursement this Period 32.27	
Purpose of Disbursement CREDIT CARD DISCOUNT FEES		Category/ Type 001	<input type="checkbox"/> Memo Item	
Candidate Name CONSERVATIVE MAJORITY FUND				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 07 / 06 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13162</b> Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement USA ePAY FEE		Category/ Type 001	<input type="checkbox"/> Memo Item	
Candidate Name CONSERVATIVE MAJORITY FUND				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 07 / 18 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13165</b> Amount of Each Disbursement this Period 142.30	
Purpose of Disbursement ACCOUNT ANALYSIS FEE		Category/ Type 001	<input type="checkbox"/> Memo Item	
Candidate Name CONSERVATIVE MAJORITY FUND				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			194.57	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 07 / 31 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13159</b>	
Purpose of Disbursement BANK INTERCHANGE FEE			Amount of Each Disbursement this Period 324.84	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>B. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 08 / 06 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13153</b>	
Purpose of Disbursement MERCHANT SERVICE FEES			Amount of Each Disbursement this Period 282.86	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>C. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 08 / 06 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13156</b>	
Purpose of Disbursement CREDIT CARD DISCOUNT FEES			Amount of Each Disbursement this Period 34.40	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

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

642.10

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 08 / 06 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13160</b>	
Purpose of Disbursement BANK INTERCHANGE FEE			Amount of Each Disbursement this Period 344.21	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>B. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 08 / 06 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13163</b>	
Purpose of Disbursement USA ePAY FEE			Amount of Each Disbursement this Period 20.00	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>C. CAPITLONE BANK</b>			Date of Disbursement MM / DD / YYYY 08 / 16 / 2018	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00524454 <b>Transaction ID : SB21B.13166</b>	
Purpose of Disbursement ACCOUNT ANALYSIS FEE			Amount of Each Disbursement this Period 150.83	
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

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

515.04

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. CAPITLONE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018	
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.13150</b>	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 7.95
Purpose of Disbursement AMEX COLLECTION FEE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. CAPITLONE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018	
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.13152</b>	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 264.99
Purpose of Disbursement MERCHANT SERVICE FEES		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. CAPITLONE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018	
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00524454 <b>Transaction ID : SB21B.13154</b>	
City SUGARLAND	State TX	Zip Code 77478	Amount of Each Disbursement this Period 351.05
Purpose of Disbursement MERCHANT SERVICE FEES		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>			
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)..... ▶

623.99

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. CAPITLONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement CREDIT CARD DISCOUNT FEES

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 04 / 2018

FEC Identification Number C00524454

Transaction ID : SB21B.13157

Amount of Each Disbursement this Period 35.34

Memo Item

**B. CAPITLONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement BANK INTERCHANGE FEE

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 04 / 2018

FEC Identification Number C00524454

Transaction ID : SB21B.13161

Amount of Each Disbursement this Period 357.61

Memo Item

**C. CAPITLONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement USA ePAY FEE

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 07 / 2018

FEC Identification Number C00524454

Transaction ID : SB21B.13164

Amount of Each Disbursement this Period 20.00

Memo Item

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

412.95

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. CAPITLONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement ACCOUNT ANALYSIS FEE

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2018

FEC Identification Number: C00524454

Transaction ID : SB21B.13168

Amount of Each Disbursement this Period: 169.35

Memo Item

**B. HINES DIGITAL**

Full Name (Last, First, Middle Initial)

Mailing Address 6 HOLLIBEN CT

City SEVERNA PARK State MD Zip Code 21146

Purpose of Disbursement CONSULTING - DIGITAL MEDIA

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2018

FEC Identification Number: C00524454

Transaction ID : SB21B.13174

Amount of Each Disbursement this Period: 8000.00

Memo Item

**C. HINES DIGITAL**

Full Name (Last, First, Middle Initial)

Mailing Address 6 HOLLIBEN CT

City SEVERNA PARK State MD Zip Code 21146

Purpose of Disbursement LIST RENTALS

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2018

FEC Identification Number: C00524454

Transaction ID : SB21B.13195

Amount of Each Disbursement this Period: 785.09

Memo Item

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

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

8954.44

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK

003
Category/ Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	------------------	--

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 17 / 2018

FEC Identification Number

C C00524454
Transaction ID : SB21B.13181
Amount of Each Disbursement this Period
10809.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK

003
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	------------------	--

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.13182
Amount of Each Disbursement this Period
3908.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK

003
Category/ Type

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	------------------	--

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 24 / 2018

FEC Identification Number

C C00524454
Transaction ID : SB21B.13183
Amount of Each Disbursement this Period
10936.28

Memo Item

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

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

25653.92

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)  
**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 26 / 2018

FEC Identification Number  
**C** C00524454  
**Transaction ID : SB21B.13184**  
Amount of Each Disbursement this Period  
14843.94

Memo Item

Full Name (Last, First, Middle Initial)  
**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
EXPENDITURES ALLOCATE FROM LN 21b TO LN 24

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2018

FEC Identification Number  
**C** C00524454  
**Transaction ID : SB21B.13193**  
Amount of Each Disbursement this Period  
- 2943.53

Memo Item

Full Name (Last, First, Middle Initial)  
**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
EXPENDITURES ALLOCATE FROM LN 21b TO LN 29

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 30 / 2018

FEC Identification Number  
**C** C00524454  
**Transaction ID : SB21B.13194**  
Amount of Each Disbursement this Period  
- 31479.65

Memo Item

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

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

- 19579.24



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		04		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.13169**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.13170**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.13171**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

32417.77

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

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

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 <b>Transaction ID : SB29.13188</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK - SUPPORT PRESIDENT & KAVANAUGH		Category/Type 004
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 7026.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2018
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 <b>Transaction ID : SB29.13190</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK - SUPPORT PRESIDENT & KAVANAUGH		Category/Type 004
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 2540.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2018
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00524454 <b>Transaction ID : SB29.13191</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK - SUPPORT PRESIDENT & KAVANAUGH		Category/Type 004
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 9295.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18862.30
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C 00524454 <b>Transaction ID : SB29.13192</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK - SUPPORT PRESIDENT & KAVANAUGH		Category/Type 004
Candidate Name <b>CONSERVATIVE MAJORITY FUND</b>		Amount of Each Disbursement this Period 12617.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12617.35
<b>TOTAL</b> This Period (last page this line number only).....▶	31479.65

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 61
	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 <b>INFOCISION MANAGEMENT CORP</b>			Nature of Debt (Purpose): <b>TELEMARKETING SERVICES</b>
Mailing Address 325 SPRINGSIDE DRIVE			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4101	
29883.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
37554.33	40497.86	26939.69	

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	26939.69
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	26939.69
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	26939.69

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
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK - VOTER CONTACT CALLS
Category/Type
004
Date of Public Distribution/Dissemination
03 / 12 / 2018
Amount
2161.88
Transaction ID : SE.13186
Date of Disbursement or Obligation
07 / 17 / 2018

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
2020

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK - VOTER CONTACT CALLS
Category/Type
004
Date of Public Distribution/Dissemination
03 / 12 / 2018
Amount
781.65
Transaction ID : SE.13187
Date of Disbursement or Obligation
07 / 30 / 2018

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
2020

(a) SUBTOTAL of Itemized Independent Expenditures 2943.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 2943.53

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 09 / 2018

Signature