

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

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Office Use Only

12FE4M5
FEC MAIL CENTER

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

THE CONSERVATIVE CAUCUS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1125 OLD BRIDGE RD

Check if different than previously reported. (ACC) AMISVILLE VA 20104

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

C00563544

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

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

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

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

5. Covering Period 11/25/2014 through 12/31/2014

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

Type or Print Name of Treasurer Charles Orndorff

Signature of Treasurer *[Signature]* Date 01/26/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: ^{MM / DD / YYYY} *11 / 25 / 2014* To: ^{MM / DD / YYYY} *12 / 31 / 2014*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{YYYY} <i>2014</i>		<i>0.</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>, 426.31</i>	
(c) Total Receipts (from Line 19).....	<i>, 10.00</i>	<i>, 7,050.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>, 436.31</i>	<i>, 7,050.00</i>
7. Total Disbursements (from Line 31).....	<i>, 91.00</i>	<i>, 6,704.69</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>, 345.31</i>	<i>, 345.31</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>0.</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>8,509.41</i>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Conservative Caucus Political Action Committee

Report Covering the Period: From: 11 25 2014 To: 12 31 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	750.00
(ii) Unitemized.....	10.00	6,150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10.00	6,900.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	10.00	6,900.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	150.00
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10.00	7,050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10.00	7,050.00

LINE 19 TOTAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.	0.
(ii) Non-Federal Share.....	0.	0.
(b) Other Federal Operating Expenditures	91.00	6,554.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	91.00	6,554.69
22. Transfers to Affiliated/Other Party Committees.....	0.	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.	0.
24. Independent Expenditures (use Schedule E)	0.	0.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.	0.
26. Loan Repayments Made.....	0.	150.00
27. Loans Made.....	0.	0.
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.	0.
(b) Political Party Committees	0.	0.
(c) Other Political Committees (such as PACs).....	0.	0.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.	0.
29. Other Disbursements	0.	0.
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.	0.
(ii) "Levin" Share.....	0.	0.
(b) Federal Election Activity Paid Entirely With Federal Funds	0.	0.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.	0.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	91.00	6,704.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91.00	6,704.69

COLUMN A COLUMN B

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10.00	6,900.00
34. Total Contribution Refunds (from Line 28(d))	0.	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10.00	6,900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	91.00	6,554.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.	0.
38. Net Operating Expenditures (subtract Line 37 from Line 36)	91.00	6,554.69

LWLNVA : COLNIA : LWLNVA

**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	OF
	<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)
The Conservative Caucus Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

0

4/11/04 1:50 PM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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

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

A. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address
155 Broadview Avenue

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

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
1 1 / 26 / 2014

Amount of Each Disbursement this Period
0.01 Category/Type
5.00

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)

Mailing Address
155 Broadview Avenue

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

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 26 / 2014

Amount of Each Disbursement this Period
0.01 Category/Type
5.00

C. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 947

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

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 26 / 2014

Amount of Each Disbursement this Period
0.01 Category/Type
81.00

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

TOTAL This Period (last page this line number only).....▶ *91.00*

UNION COUNTY INDEPENDENT

SCHEDULE C (FEC Form 3X)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred M M M / D D D / Y Y Y Y Y Y	Date Due M M M / D D D / Y Y Y Y Y Y	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	--

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="0"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

ALISON - 1-703-474-1100

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

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....▶	<i>8,509.41</i>
2) TOTALS This Period (last page this line number only).....▶	<i>0</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>8,509.41</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

FINANCIAL REPORTING CENTER

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

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

FEC IDENTIFICATION NUMBER ▼
C 00563544

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

COLUMN 4 - NUMBER - INDEPENDENT EXPENDITURES

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶ *0*

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

Signature _____ Date _____

SCHEDULE F (FEC Form 3X)

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

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

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

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
 If YES, name the designating committee:

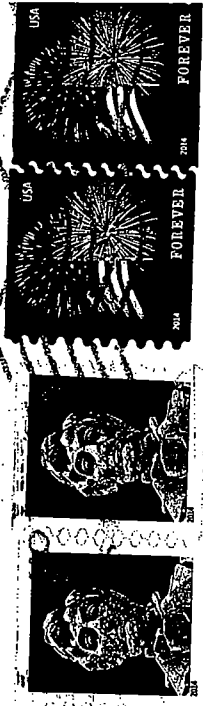
Full Name of Subordinate Committee
Mailing Address
City State ZIP Code

4-2009-1120-1

Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	Category/Type
Mailing Address			Date	
City	State	Zip Code	<input type="text"/>	<input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	Category/Type
Mailing Address			Date	
City	State	Zip Code	<input type="text"/>	<input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>	
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	Category/Type
Mailing Address			Date	
City	State	Zip Code	<input type="text"/>	<input type="text"/>
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			<input type="text"/>	
SUBTOTAL of Expenditures This Page (optional).....▶			<input type="text"/>	
TOTAL This Period (last page this line number only).....▶			<input type="text" value="0"/>	

Mr. Charles L. Orndorff
1125 Old Bridge Rd.
Amissville VA 20106-2142 #

POSTNET

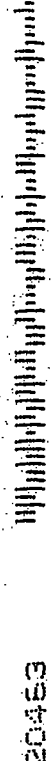


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Federal Election Commission
999 E Street NW
Washington, D.C. 20463



20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/27/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

2/2/15
 DATE PREPARED

1-800-438-3030