02/13/2016 20 : 16

PAGE 1 / 207

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

FEC FORM 3X	AN		<b>OF REC</b> SBURSEI n An Authorized	MENT	S		Office Use Only	
1. NAME OF COMMITTEE (in fu		e or print		ample: If typi er the lines.	ng, type	12FE4M5		
CONSERVATIV	E MAJOR	ITY FUN	D					I
ADDRESS (number and		776 S ARLING	GTON MILL DR #806					
▼ Check if different								
than previously reported. (ACC	/ A	RLINGTON				VA	22206	-
2. FEC IDENTIFICA	FION NUMB	ER 🔻	CITY 🔺		S		ZIP CO	DE 🔺
C C00524454			3. IS THIS REPORT		NEW N) <b>OR</b>	× AM	IENDED	
<ul> <li><b>4. TYPE OF REPO</b> (Choose One)</li> <li>(a) Quarterly Repo</li> </ul>		b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly	Report (Q1)		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
X July 15 Quarterly I October 15	Report (Q2)		ay Election rt for the:	Primary (12F		General( Special(		Runoff (12R)
January 3	Report (Q3) 1 Report (YE)		Election on	M M /	D D /	Y Y Y Y	in the State c	of
July 31 Mi Report (No Year Only)	d-Year on-election		ay <b>T</b> -Election rt for the:	General (300	G)	Runoff (3	0R)	Special (30S)
Terminatio (TER)	n Report		Election on	M = M /	D D /	Y Y Y Y Y	in the State c	of
5. Covering Period	M M /	01 /	2014	through	M M 06	/ D D / 30	y y y y 2014	
I certify that I have exa Type or Print Name of		-	-	wledge and I	belief it is true	e, correct and	d complete.	
Signature of Treasurer	SCOTT B I	MACKENZIE		[Electronicall	y Filed] Da	ate 02	/ D D / 13	2016
NOTE: Submission of fal	se, erroneous,	or incomplet	e information may s	ubject the per-	son signing thi	s Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only							FEC FOR Rev. 12/2	

Г

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1	OF FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	Vrite or Type Committee Name CONSERVATIVE MAJORITY FUND		
_	Report Covering the Period: From:	/ D D / Y Y Y Y 01 2014 To:	M M / D D / Y Y Y Y 06 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014	[	127851.13
	(b) Cash on Hand at Beginning of Reporting Period	69101.27	
	(c) Total Receipts (from Line 19)	432894.30	885596.89
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	501995.57	1013448.02
7.	Total Disbursements (from Line 31)	462498.83	973951.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39496.74	39496.74
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

# CONSERVATIVE MAJORITY FUND

Report Covering the Period:     From:     M M     / D D     / Y Y Y Y     Y       04     01     2014     To:     06     30     2014					
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees	55920.00	78535.57			
(i) Itemized (use Schedule A)	33320.00				
(ii) Unitemized	367462.75	794667.93			
(iii) TOTAL (add	307402.73	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Lines 11(a)(i) and (ii)	423382.75	873203.50			
	7 120002.10				
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)▶	423382.75	873203.50			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00				
All Loans Received	0.00	0.00			
. Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures		7 7			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made	, , ,				
to Federal Candidates and Other					
Political Committees	0.00	0.00			
Other Federal Receipts					
(Dividends, Interest, etc.)	9511.55	12393.39			
Transfers from Non-Federal and Levin Funds					
(a) Non-Federal Account	0.00	0.00			
(from Schedule H3)		0.00			
	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00			
	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c)) ►	432894.30	885596.89			
Total Federal Receipts					
(subtract Line 18(c) from Line 19)►	432894.30	885596.8			

I

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	250191.01	745448.46	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b)) ►	> 250191.01	745448.46	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	7500.00	11125.00	
Independent Expenditures	202307.82	202307.82	
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	, 0.00	70.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	70.00	
Other Disbursements	2500.00	15000.00	
Federal Election Activity (2 U.S.C. §431(20) (a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	462498.83	973951.28	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	462498.83	973951.28	

FE6AN026

L

## DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	423382.75	873203.50	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	70.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	423382.75	873133.50	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	250191.01	745448.46	
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	250191.01	745448.46	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	

		tatements may not be sold or used by any pers name and address of any political committee to	
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND	
Α.	Full Name (Last, First, Middle Initial) MS MARGARET T ADAMS 366 Mailing Address 8240 HEALY DR City	State Zip Code	Date of Receipt 06 25 2014 Transaction ID : SA11AI.29862
	MOBILE FEC ID number of contributing federal political committee.	AL 36695	Amount of Each Receipt this Period
	NONE Receipt For: Primary General Other (specify) ▼	RETIRED         Aggregate Year-to-Date ▼         300.00	
в.	Full Name (Last, First, Middle Initial) MS GOLDA L ADERS 475 Mailing Address PO BOX 108		Date of Receipt
	City BRISTOW FEC ID number of contributing federal political committee.	State Zip Code IN 47515	Transaction ID : SA11AI.29890       Amount of Each Receipt this Period       20.00
	Name of Employer JOE & GOLDA ADERS CHARITABLE TRUST Receipt For: Primary General Other (specify)	Occupation TRUSTEE Aggregate Year-to-Date ▼ 220.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR MAX U AKPIK 997		Date of Receipt

FOR LINE NUMBER:

11b

14

(check only one)

X 11a

13

PAGE

11c

15

6 OF

12

16

207

Mailing Address PO BOX 88		M M / D D / Y Y Y Y Y 04 14 _2014 _
City	State Zip Code AK 99782	Transaction ID : SA11AI.29933
FEC ID number of contributing federal political committee.	AK 99782	Amount of Each Receipt this Period 450.00
Name of Employer	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optiona	i) ►	570.00
TOTAL This Period (last page this line nun	nber only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         7         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
Any or fo	information copied from such Reports and St r commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU	JND		
Full Name (Last, First, Middle Initial) A. MS TAMMY ALLEN 815				Date of Receipt
_	lailing Address 3716 CHRISTENSEN CT	State	Zip Code	06 02 2014 Transaction ID : SA11AI.30018
	GRAND JUNCTION	CO	81506	
F	EC ID number of contributing deral political committee.	С		Amount of Each Receipt this Period
A	ame of Employer	Occupation MUSEUM F	PROPRIETOR	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В. <u></u>	Full Name (Last, First, Middle Initial) MRS MARIA G ALTHERR 458 Mailing Address 416 W WAYNE ST			Date of Receipt
	ity SELINA	State OH	Zip Code 45822	04 21 2014 Transaction ID : SA11AI.30032 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		-100.00
N	ame of Employer	Occupation		_
	eceipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ -100.00	
<b>C</b>	ull Name (Last, First, Middle Initial) MRS SANDRA L ALWAY 895			Date of Receipt
_	lailing Address 221 VINE ST			04 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity RENO	State NV	Zip Code 89503	Transaction ID : SA11AI.30048           Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		-5.00
N	ame of Employer	Occupation		
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ -5.00	
SU	BTOTAL of Receipts This Page (optional)			195.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
A. MR TED E AMSBAUGH 591 Mailing Address 1302 24TH ST W				Date of Receipt
	#329	<u> </u>	7	06 02 2014
	City BILLINGS	State MT	Zip Code 59102	Transaction ID : SA11AI.30070
	BILLINGS		59102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		
	RETIRED	FARMER		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial) MR ROBERT L ANDERSEN 282			Date of Receipt
	Mailing Address 201 PERRIN PL			06 09 2014
	City	State	Zip Code	Transaction ID : SA11AI.30079
	CHARLOTTE	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer ALSTON & BIRD LLP	Occupation ATTORNEY		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
— c.	Full Name (Last, First, Middle Initial) MR JERRE A BADER 972			Date of Receipt
-	Mailing Address 13757 SW ALPINE VW			06 19 _2014 _
	City	State	Zip Code	Transaction ID : SA11AI.30354
	TIGARD	OR	97224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation		-
	NONE	RETIRED		
	Receipt For:	Agareaate	Year-to-Date ▼	
	Primary General	33-13-110		1
	Other (specify)	L	300.00	1
s	UBTOTAL of Receipts This Page (optional)			550.00

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

1 9 1 9 1 1 9 1 1 M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         9         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR KENNETH L BAKER 826			Date of Receipt
	Mailing Address 2150 GARDEN CREEK RD			05 20 - 2014 -
	City	State	Zip Code	05 20 2014 Transaction ID : SA11AI.30450
	CASPER	WY	82601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		
	ROCKY MOUNAIN BRAKE	PRESIDEN	Т	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		450.00	]
в.	Full Name (Last, First, Middle Initial) MS ALAYNE L BARTLETT 600			Date of Receipt
	Mailing Address 4312 SQUIRES GRN	04 28 2014		
	City	State	Zip Code	Transaction ID : SA11AI.30631
	RICHMOND	IL	60071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]
— C.	Full Name (Last, First, Middle Initial) MS GLORIA J BAUN 655			Date of Receipt
•	Mailing Address 163 BOSA DR			04 04 2014
	City	State	Zip Code	Transaction ID : SA11AI.30706
	SAINT ROBERT	MO	65584	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		
	NONE	RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00	
s	UBTOTAL of Receipts This Page (optional)			475.00

FEC Schedule A (Form 3X) Rev. 02/2003

	-			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) ( for each category of the		FOR LINE NUMBER: PAGE 10 OF 207 (check only one)
			Detailed Summary Page	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committed	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
A.	Full Name (Last, First, Middle Initial) MRS ORLANDA M BAZIN 662			Date of Receipt
	Mailing Address 9600 LEE BLVD			04 23 2014
	City SHAWNEE MISSION	State KS	Zip Code 66206	Transaction ID : SA11AI.30724           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) MS PEGGY J BENDER 474			Date of Receipt
	Mailing Address 4408 N THISTLE DR			05 12 _2014 _
	City	State	Zip Code	Transaction ID : SA11AI.30876
	BLOOMINGTON	IN	47408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation Retired		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
С.	Full Name (Last, First, Middle Initial) MR HAROLD E BERGDAHL 852			Date of Receipt
	Mailing Address 116 LEISURE WORLD			M M / D D / Y Y Y Y Y 06 05 2014
	City	State	Zip Code	Transaction ID : SA11AI.30933
	MESA	AZ	85206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		
	NONE	RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]

SUBTOTAL of Receipts This Page (optional)	L		7		"	3	50.0	00
TOTAL This Period (last page this line number only)			7		,			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         11         OF         20           (check only one)         X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS JANICE E BIRKELAND 087			Date of Receipt
	Mailing Address 509 ROUTE 530 APT 166			M = M         /         D = D         /         Y = Y = Y = Y         O           06         02
	City	State	Zip Code	Transaction ID : SA11AI.31070
	WHITING	NJ	08759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		
	NONE	RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
В.	Full Name (Last, First, Middle Initial) MR MARVIN F BLASKI 926			Date of Receipt
	Mailing Address 7401 YORKTOWN AVE			04 23 _2014 _
	City	State	Zip Code	Transaction ID : SA11AI.31161
	HUNTINGTON BEACH	CA	92648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED		_
	Receipt For:	Aggregate	Year-to-Date ▼ 480.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR ROBERT BOGGAN 361			Date of Receipt
	Mailing Address 3318 WILEY RD			M = M / D = D / Y = Y = Y = Y
	<u></u>	01-1	Zin Oad	04 28 2014
	City MONTGOMERY	State AL	Zip Code 36106	Transaction ID : SA11AI.31230
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	COMMERCIAL MORTGAGE INVESTMENT CC	· ·		
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	- iggi ogalo	240.00	
s	UBTOTAL of Receipts This Page (optional)			480.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	R LINE eck only 11a 13	NUMBE ( one) 11b 14	_	PAGE 11c 15	2 OF 12 16	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a								
NAME OF COMMITTEE (In Full)								

	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND	
Α.	Full Name (Last, First, Middle Initial) MR ROBERT BOGGAN 361		Date of Receipt
	Mailing Address 3318 WILEY RD		05 27 2014
	City MONTGOMERY	State Zip Code AL 36106	Transaction ID : SA11AI.31233 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	COMMERCIAL MORTGAGE INVESTMENT CO		
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
В.	Full Name (Last, First, Middle Initial) MR ROBERT BOGGAN 361		Date of Receipt
	Mailing Address 3318 WILEY RD		06 13 2014
	City	State Zip Code	Transaction ID : SA11AI.31232
	MONTGOMERY	AL 36106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer COMMERCIAL MORTGAGE INVESTMENT	Occupation PRESIDENT	
	CO Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	370.00	
<u> </u>	Full Name (Last, First, Middle Initial) MR ROBERT BOGGAN 361		Date of Receipt
	Mailing Address 3318 WILEY RD		06 27 _2014 _
	City	State Zip Code	Transaction ID : SA11AI.31231
	MONTGOMERY	AL 36106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer	Occupation	
	COMMERCIAL MORTGAGE INVESTMENT CO	PRESIDENT	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	400.00	
s	UBTOTAL of Receipts This Page (optional)	▶	160.00

207

17

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

18

.

### Image# 201602139008458338

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         13         OF         207           (check only one)
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS DIANE BOSLER 298			Date of Receipt
	Mailing Address PO BOX 242	Otata	Zin Oode	06 02 Y Y Y Y Y 06 02 2014
	City ALLENDALE	State SC	Zip Code 29810	Transaction ID : SA11AI.31317 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	JCO FARMS	RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	]
	Full Name (Last, First, Middle Initial)			
В.	MS DIANE BOSLER 298			Date of Receipt
	Mailing Address PO BOX 242			06 10 2014
	City	State	Zip Code	Transaction ID : SA11AI.31318
	ALLENDALE	SC	29810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer JCO FARMS	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR I M BOWES 274			Date of Receipt
	Mailing Address 5503 WALLACE DR			
	City GREENSBORO	State NC	Zip Code 27407	05     06     2014       Transaction ID : SA11AI.31389       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	
	SELF EMPLOYED	CONTRAC	TOR	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	UBTOTAL of Receipts This Page (optional)			750.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         14         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) VINAL BOWYER 469			Date of Receipt
	Mailing Address 2539 S WILLOW CREEK DR			06 30 2014
	City	State	Zip Code	Transaction ID : SA11AI.31402
	PERU	IN	46970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation		
	RETIRED/ SELF EMPLOYED	FARMER		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) MR LES BRADSHAW 224			Date of Receipt
	Mailing Address 665 FONT HILL RD			05 21 _2014 _
	City	State	Zip Code	Transaction ID : SA11AI.31466
	HEATHSVILLE	VA	22473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer BWAY CORPORATION	Occupation VICE PRES		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name (Last, First, Middle Initial) MR JAMES J BRENNAN 604			Date of Receipt
	Mailing Address 7717 CENTRAL AVE			M M / D D / Y Y Y Y Y 04 01 2014
	City BURBANK	State IL	Zip Code 60459	Transaction ID : SA11AI.31538           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer	Occupation		-
	BANKFINANCIAL CORP	GENERAL	COUNSEL	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	625.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         15         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS DIANE BROOKS 334			Date of Receipt
	Mailing Address 2866 OLD CYPRESS N			04 30 / Y Y Y Y Y 04 30
	City PALM BEACH GARDENS	State FL	Zip Code 33410	Transaction ID : SA11AI.31615           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer DIANE BROOKS EQUINE SERVICES	Occupation BUSINESS		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
B	Full Name (Last, First, Middle Initial)			Date of Receipt
υ.	Mailing Address 16 MALPASS RD			06 19 2014
	City ALBANY	State NY	Zip Code 12203	Transaction ID : SA11AI.31639 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MS NANCY A BROWER 122			Date of Receipt
	Mailing Address 16 MALPASS RD			06 25 2014
	City ALBANY	State NY	Zip Code 12203	Transaction ID : SA11AI.31640 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	
	NONE       Receipt For:       Primary       General       Other (specify)	Aggregate	Year-to-Date ▼ 260.00	-
s	UBTOTAL of Receipts This Page (optional)		·····	225.00

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name (Last, First, Middle Initial)         A.       MR HENRY M BUHL 100         Mailing Address 114 GREENE ST FL 5         City         NEW YORK         FEC ID number of contributing federal political committee.         Name of Employer         THE BUHL FOUNDATION         Receipt For:         Primary       General         Other (specify)	State NY C Occupation CHAIRMAN Aggregate		Date of Receipt
B. Full Name (Last, First, Middle Initial) MS LINDA L CANION 773 Mailing Address 27 LOS ENCINOS CT City	State	Zip Code	Date of Receipt 04 / 22 / 2014 Transaction ID : SA11AI.32152
MAGNOLIA FEC ID number of contributing federal political committee. Name of Employer NONE	C Occupation RETIRED	77354	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	]
C. Full Name (Last, First, Middle Initial) MS SUE M CANNON 802 Mailing Address 6420 W LAKERIDGE RD			Date of Receipt
City LAKEWOOD FEC ID number of contributing federal political committee.	State CO	Zip Code 80227	05     23     2014       Transaction ID : SA11AI.32155       Amount of Each Receipt this Period       200.00
Name of Employer          Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	Occupation RETIRED	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional).			650.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         17         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (IN Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS SUE M CANNON 802			Date of Receipt
	Mailing Address 6420 W LAKERIDGE RD			06 11 2014
	City LAKEWOOD	State CO	Zip Code 80227	Transaction ID : SA11AI.32156 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE Receipt For:	Occupation RETIRED		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]
В.	Full Name (Last, First, Middle Initial) MR FRANK CARIO 197			Date of Receipt
В.	Mailing Address PO BOX 633			05 16 2014
	City NEW CASTLE	State DE	Zip Code 19720	Transaction ID : SA11AI.32196 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer CARIO INSURANCE AGENCY	Occupation BUSINESS		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR FRANK CARIO 197			Date of Receipt
	Mailing Address PO BOX 633			06 16 2014
	City NEW CASTLE	State DE	Zip Code 19720	Transaction ID : SA11AI.32198           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		
	CARIO INSURANCE AGENCY Receipt For: Primary General Other (specify)	BUSINESS Aggregate	Year-to-Date ▼ 260.00	1
s	UBTOTAL of Receipts This Page (optional)			160.00

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page			
Any information copied from such Reports a or for commercial purposes, other than usir					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	TY FUND				
MR DAVID CARLISLE 836 Mailing Address 64 CIRCLE VIEW LN			Date of Rece	·	YYYYY
			м м / 06	27 /	_ 2014
City	State	Zip Code	Transaction	n ID : SA11	1AI.32206
MCCALL	ID	83638	Amount of Ea	ach Receip	ot this Period
FEC ID number of contributing federal political committee.	С				200.00
Name of Employer	Occupation		_		
LEISURE TIME LAWN SERVICE	BUSINESS	OWNER			
Bossint For:	I				

	Name of Employer	Occupation	
	LEISURE TIME LAWN SERVICE	BUSINESS OWNER	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
B.	Full Name (Last, First, Middle Initial) MS MARIANNA H CARROLL 300 Mailing Address 1550 PARK CHASE City	State Zip Code	Date of Receipt 05 / 27 / 2014 Transaction ID : SA11AI.32258
	CUMMING	GA 30041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	NONE	RETIRED	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) MR JAMES G CARTER 253		Date of Receipt
	Mailing Address 5107 HOPEWELL DR		04 28 2014
	City	State Zip Code	Transaction ID : SA11AI.32272
	CROSS LANES	WV 25313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	100.00
	Name of Employer	Occupation	
	NONE	RETIRED	
	Receipt For:		
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	

SUBTOTAL of Receipts This Page (optional)	l		7		7	40	0.00	
TOTAL This Period (last page this line number only)	I				,			

9

.

207

17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         19         OF         207           (check only one)			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND					
Α.	Full Name (Last, First, Middle Initial) MR JAMES G CARTER 253	NES G CARTER 253					
	Mailing Address 5107 HOPEWELL DR	State	Zip Code	05 27 2014			
	CROSS LANES	WV	25313	Transaction ID : SA11AI.32271           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer NONE	Occupation RETIRED					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00				
В.	Full Name (Last, First, Middle Initial) MRS DOSIA S CASEY 764			Date of Receipt			
	Mailing Address PO BOX 2379		04 14 2014				
	City ALBANY	State TX	Zip Code 76430	Transaction ID : SA11AI.32308 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer NONE	Occupation HOMEMAK					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) MS ELIZABETH A CATER 433			Date of Receipt			
	Mailing Address 507 W FINDLAY ST			04 11 2014			
	City CAREY	State OH	Zip Code 43316	Transaction ID : SA11AI.32341 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer	Occupation	1				
	NONE Receipt For:	RETIRED		_			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
s	UBTOTAL of Receipts This Page (optional)			375.00			

	aye# 201002139000438343							
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS				FOR LINE (check on	E NUMBEF ly one)	R: PAGE	20 O	F 207
			Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
_				13	14	15	16	17
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND						
А.	Full Name (Last, First, Middle Initial) MS ELIZABETH A CATER 433			Date c	of Receipt			
	Mailing Address 507 W FINDLAY ST			06	/ D 0		у у 2014	Y
	City	State	Zip Code	Tran	saction ID	: SA11AI.3	2340	
	CAREY	OH	43316	Amour	t of Each	Receipt this	s Period	
	FEC ID number of contributing federal political committee.	С					300	.00
	Name of Employer	Occupation	I					
	NONE	RETIRED						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	, iggi oguio		1.1				
	Other (specify)		600.00					
В.	Full Name (Last, First, Middle Initial) MR MICHAEL CECE 601			Date c	of Receipt			
	Mailing Address 1112 LOWELL LN			M N 06	/ D		у у 2014	Y
	City	State	Zip Code	Trans	saction ID	: SA11AI.3	2367	
	SCHAUMBURG	IL	60193	Amour	t of Each	Receipt this	s Period	
	FEC ID number of contributing federal political committee.	С					-30	.00
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify)		-30.00					
C.	Full Name (Last, First, Middle Initial) MR DENNIS CHRISTOFFER 561			Date c	of Receipt			
	Mailing Address 78255 360TH AVE			M N 05	/ D 0		у у 2014	Y
	City	State	Zip Code	Tran	saction ID	: SA11AI.3	2540	
	ROUND LAKE	MN	56167	Amour	t of Each	Receipt this	s Period	
	FEC ID number of contributing federal political committee.	С					-10	0.00
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Veer to Date T	_				
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		-10.00	1				

SUBTOTAL of Receipts This Page (optional)		,		7	2	60.0	0
TOTAL This Period (last page this line number only)		,		- 7			

	0							
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 21 OF 207 (check only one)						
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND						
/				I				
Α.	Full Name (Last, First, Middle Initial) MR FRANK A CICATIELLO 354	R FRANK A CICATIELLO 354						
	Mailing Address 4934 WOODLAND FORREST	DR						
	City	State	Zip Code	06 09 2014 Transaction ID : SA11AI.32564				
	TUSCALOOSA	AL	35405	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer	Occupation	l	—				
	NONE	RETIRED						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		4000.00	1				
	Other (specify)	<u> </u>	1000.00					
в.	Full Name (Last, First, Middle Initial) MR JAMES A COATS 657			Date of Receipt				
	Mailing Address 4537 COUNTY LINE RD			04 15 2014				
	City	State	Zip Code	Transaction ID : SA11AI.32720				
	MOUNTAIN GROVE	MO	65711	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		-35.00				
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼	_				
	Primary General Other (specify) ▼		-35.00	]				
<u> </u>	Full Name (Last, First, Middle Initial) MR JAMES B COBB 700			Date of Receipt				
	Mailing Address 166 W OAKRIDGE PARK			05 27 2014				
	City	State	Zip Code	Transaction ID : SA11AI.32728				
	METAIRIE	LA	70005	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer	Occupation	1					
	NONE	RETIRED						
	Receipt For:	Agareaate	Year-to-Date ▼					
	Primary General Other (specify) ▼	55-55-16	250.00	]				
Г								

SUBTOTAL of Receipts This Page (optional)	L		7		- 7	_	65.0	
						-		
TOTAL This Period (last page this line number only)	_	 	7	 	- 7		 	_

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND										
A. MR FRANK COMPTON 857 Mailing Address 2691 E CALLE SIN PECAE	00		Date of Receipt 04 30 2014								
City TUCSON FEC ID number of contributing	State AZ	Zip Code 85718	Transaction ID : SA11AI.32863 Amount of Each Receipt this Period								
federal political committee.	Occupation										
SELF EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	PILOT       Aggregate	Year-to-Date ▼ 300.00	]								
B. Full Name (Last, First, Middle Initial) MRS BONNIE WHITE COON 365 Mailing Address PO BOX 291	;		Date of Receipt								
City ATMORE	State AL	Zip Code 36504	Transaction ID : SA11AI.32939           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer DIAMOND GASOLINE	Occupation STATION C										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]								
Full Name (Last, First, Middle Initial) C. MR PAUL CORRIGAN 480			Date of Receipt								
Mailing Address 26980 CRESTWOOD DR			04 21 2014								
City FRANKLIN	State MI	Zip Code 48025	Transaction ID : SA11AI.33007 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer	Occupation										
CORRIGAN MOVING SYSTEMS Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]								
SUBTOTAL of Receipts This Page (optional).			1200.00								

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

1 9 1 9 1 1 9 1 1 M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         23         OF         207           (check only one)         (check only one)         11c         12         13         14         15         16         17
	y information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND		
Α.	Full Name (Last, First, Middle Initial) MR PAUL CORRIGAN 480			Date of Receipt
	Mailing Address 26980 CRESTWOOD DR			04 22 2014
	City FRANKLIN	State MI	Zip Code 48025	Transaction ID : SA11AI.33006 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer CORRIGAN MOVING SYSTEMS	Occupation BUSINESS		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1150.00	1
B	Full Name (Last, First, Middle Initial) MR ANTHONY P COSTA 070			Date of Receipt
D.	Mailing Address 1275 BLOOMFIELD AVE STE 140			04 11 2014
	City FAIRFIELD	State NJ	Zip Code 07004	Transaction ID : SA11AI.33017 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer FULL SERVICE CAR & TRUCK WASH	Occupation BUSINESS		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
с.	Full Name (Last, First, Middle Initial) MR PAUL COSTA 894			Date of Receipt
	Mailing Address 99 UPPER COLONY RD			M = M / D = D / Y = Y = Y 06 09 2014
	City WELLINGTON	State NV	Zip Code 89444	Transaction ID : SA11AI.33019 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation	1	
	US MARINES Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1
s	UBTOTAL of Receipts This Page (optional)		A) - 1 - A) - A)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         24         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17		
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND				
<b>A</b> .	Full Name (Last, First, Middle Initial) MS MARCIA B CRAMP 196					
	Mailing Address 2000 CAMBRIDGE AVE APT 217			M = M         /         D = D         /         Y = Y = Y = Y         O           06         06         2014		
	City	State	Zip Code	Transaction ID : SA11AI.33149		
	READING	PA	19610	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		1000.00		
	Name of Employer NONE	Occupation HOMEMAK				
	Receipt For:					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1		
В.	Full Name (Last, First, Middle Initial) MR ROBERT CRAMPTON 956			Date of Receipt		
υ.	Mailing Address 1140 N LINCOLN ST	06 24 _2014 _				
	City	State	Zip Code	Transaction ID : SA11AI.33151		
	DIXON	CA	95620	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer NONE	Occupation RETIRED	1			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]		
<u> </u>	Full Name (Last, First, Middle Initial) MS PATRICIA S CRARY 581			Date of Receipt		
	Mailing Address 2522 18TH ST S			06 09 _2014 _		
	City FARGO	State ND	Zip Code 58103	Transaction ID : SA11AI.33157 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		300.00		
	Name of Employer	Occupation				
	NONE	RETIRED				
	Receipt For:	Agaregate	Year-to-Date ▼			
	Primary General	39. 09410		1		
	Other (specify)	L	500.00	1		
s	UBTOTAL of Receipts This Page (optional)			1400.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         25         OF         207           (check only one)
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pound any pound by any pound by any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (IN Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial)         MR MICHAEL J CURL 285         Mailing Address       128 ROCKS LN			Date of Receipt
	City NEWPORT	State NC	Zip Code 28570	06     30     2014       Transaction ID : SA11AI.33305       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer         GLASS PRO SYSTEMS         Receipt For:         Primary       General         Other (specify) ▼	Occupation BUSINESS Aggregate		1
в.	Full Name (Last, First, Middle Initial) MR RICHARD W DARK 630 SR Mailing Address 710 WILLOW SPRING HILL C	T		Date of Receipt
	City TOWN AND COUNTRY	State MO	Zip Code 63017	05     19     2014       Transaction ID : SA11AI.33432       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-25.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -25.00	]
с.	Full Name (Last, First, Middle Initial) MS JANIS A DAVIS 325			Date of Receipt
	Mailing Address 5084 MANDAVILLA BLVD City GULF BREEZE	State FL	Zip Code 32563	04     24     2014       Transaction ID : SA11AI.33512       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)		DESIGNER Year-to-Date ▼ 210.00	1
s	UBTOTAL of Receipts This Page (optional)			80.00

#### Image# 201602139008458351

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         26         OF         2           (check only one)
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		

Full Name (Last, First, Middle Initial) MS JANIS A DAVIS 325		Date of Receipt
Mailing Address 5084 MANDAVILLA BLV	D	M M / D D / Y Y Y Y Y 05 26 2014
City	State Zip Code	Transaction ID : SA11AI.33511
GULF BREEZE	FL 32563	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
SELF EMPLOYED	INTERIOR DESIGNER	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	240.00	
Full Name (Last, First, Middle Initial) MS JANIS A DAVIS 325		Date of Receipt
Mailing Address 5084 MANDAVILLA BLV	D	06 24 2014
City	State Zip Code	Transaction ID : SA11AI.33513
GULF BREEZE	FL 32563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
SELF EMPLOYED	INTERIOR DESIGNER	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) MR EVAN E DAVIS 456		Date of Receipt
Mailing Address 1114 MORIAH RD		05 21 2014
City	State Zip Code	Transaction ID : SA11AI.33519
OAK HILL	OH 45656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
OAK HILL BANK	BANKER	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	400.00	
	1	

207

17

FEC Schedule A (Form 3X) Rev. 02/2003

\_\_\_\_\_

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s)				FOR LINE NUMBER:     PAGE     27     OF       (check only one)     (check only one)     11a     11b     11c     12									
		Detailed Summary Page	F	11a		11b 14	11c		12 16					
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	the name and ad	not be sold or used by any p dress of any political committee	erson e to so	for the	purp	bose of s	oliciting		ntributic	ns >.				
Full Name (Last, First, Middle Initial) MRS LOUISE G DAVIS 780				Date of	Re	ceipt								
Mailing Address PO BOX 537				м м 04	/	29	/ Y		y y )14	]				
City COTULLA	State TX	Zip Code 78014				on ID : S Each Re				_				
FEC ID number of contributing federal political committee.	С					9		_	175.0	0				
Name of Employer CHEYENNE TRADERS INC	Occupation DIRECTOR													
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 350.00	1											
Full Name (Last, First, Middle Initial) <b>B. MS HELEN R DAWSON 765</b>				Date of	Re	ceipt								
Mailing Address 5320 205 LOOP APT 263				м м 05	/	23	/ Y	20		1				
City	State	Zip Code		Trans	acti	on ID : S	A11AI.3	3357	2					
TEMPLE FEC ID number of contributing federal political committee.	С	76502		Amount	of	Each Re	ceipt th	is P	eriod 200.0	0				
Name of Employer NONE	Occupation HOMEMAKE	R	_			,	,							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	]											
Full Name (Last, First, Middle Initial) C. MRS MARIE T DAY 837				Date of	Re	ceipt								
Mailing Address 3603 W HILLCREST DR				м м 05	/	02	/ Y	20		1				
City	State	Zip Code		Trans	acti	ion ID : S	6A11AI.:		_	1				

-	•							
BOISE	ID 83705	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer	Occupation	-						
NONE	RETIRED							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)	235.00							
		475.00						
SUBTOTAL of Receipts This Page (optional).	SUBTOTAL of Receipts This Page (optional)							
TOTAL This Deried (last page this line numb								
IUTAL This Period (last page this line numbe	TAL This Period (last page this line number only)							

207

#### Image# 201602139008458353

	_			
SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 28 OF
TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11c 12 15 16
Any information copied from such Reports a or for commercial purposes, other than usin				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND			
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address 3603 W HILLCREST DR			M = M / D = D 06 06	2014 Y
City	State	Zip Code	Transaction ID : SA	
BOISE	ID	83705	Amount of Each Rece	eipt this Period
FEC ID number of contributing federal political committee.	С			75.00
Name of Employer	Occupation			
NONE	RETIRED			
Receipt For: Primary General	Aggregate `	Year-to-Date ▼		
Other (specify) ▼		310.00		

#### Full Name (Last, First, Middle Initial) B. MS SHARON K DEAKINS 743

В.	MS SHARON K DEAKINS 743		Date of Receipt
	Mailing Address 63800 E 300 RD		06 30 _2014 _
	City	State Zip Code	Transaction ID : SA11AI.33601
	GROVE	OK 74344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	-
	NONE	RETIRED	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
с.	Full Name (Last, First, Middle Initial) MS BRENDA DEAN 640	·	Date of Receipt
	Mailing Address 911 S PRAIRIE LN		04 28 2014
	City	State Zip Code	Transaction ID : SA11AI.33614
	RAYMORE	MO 64083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	300.00
	Name of Employer	Occupation	-
	NONE	HOMEMAKER	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
s	<b>SUBTOTAL</b> of Receipts This Page (optional)	······ •	405.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

.

5

207

#### Image# 201602139008458354

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

207

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b	11c	12	<u> </u>
Any information copied from such Reports and s or for commercial purposes, other than using th								
Full Name (Last, First, Middle Initial) MRS SUE DENDIU 430 Mailing Address 609 JULIA ST UNIT 3 City URBANA FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Demonstration Connection	State OH C Occupation RETIRED Aggregate	Zip Code 43078		sact	20 ion ID		nis Perio	
Primary General Other (specify)		250.00						
Full Name (Last, First, Middle Initial)         B. MS MELINDA A DICKERSON 450         Mailing Address 3101 MILTON RD         City         MIDDLETOWN         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	State OH C Occupation RETIRED Aggregate	Zip Code 45042 Year-to-Date ▼ 600.00		sact	17 ion ID		nis Perio	
Full Name (Last, First, Middle Initial)         MS JOAN DIGGS 605         Mailing Address 128 W 59TH ST         City         WILLOWBROOK         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General Other (specify) ▼	State IL Occupation HOMEMAK Aggregate			sact	28 tion ID		nis Perio	
SUBTOTAL of Receipts This Page (optional)					7		650	0.00

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

mage# 201602139008458355			
SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements m the name and a	ay not be sold or used by an address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	( FUND		
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address PO BOX 549			04 30 2014
City BASSETT	State VA	Zip Code 24055	Transaction ID : SA11AI.33833 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer NONE	Occupation NOT EMPI		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) MR CHARLES OREILLY DOUD	910		Date of Receipt
Mailing Address 4254 CHEVY CHASE DR			05 12 _2014 _
City LA CANADA FLT	State CA	Zip Code 91011	Transaction ID : SA11AI.33978
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer CROWELL WEEDON INVESTMENTS	Occupation PARTNER		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. MR CHARLES OREILLY DOU	D 910		Date of Receipt
Mailing Address 4254 CHEVY CHASE DR			06 09 2014
City LA CANADA FLT	State CA	Zip Code 91011	Transaction ID : SA11AI.33977           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		. 200.00

Occupation

PARTNER

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

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

Aggregate Year-to-Date V

440.00

340.00

207

17

Name of Employer

Primary

Other (specify)

Receipt For:

**CROWELL WEEDON INVESTMENTS** 

General

	age# 201002133006436330												
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)											
	ny information copied from such Reports and S												
or	for commercial purposes, other than using the	e name and a	doress of any political committee	e to solicit co	ntributions t	rom such co	mmittee						
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND											
Α.	Full Name (Last, First, Middle Initial) MR CHARLES OREILLY DOUD 910			Date of Receipt									
	Mailing Address 4254 CHEVY CHASE DR			06	/ D D 12		у у 014						
	City	State	Zip Code	Trans	saction ID :	SA11AI.339	80	_					
	LA CANADA FLT	CA	91011	Amoun	t of Each R	leceipt this F	<sup>•</sup> eriod						
	FEC ID number of contributing federal political committee.	С			3	7	40.00	D					
	Name of Employer	Occupation											
	CROWELL WEEDON INVESTMENTS	PARTNER											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		480.00	1									
В.	Full Name (Last, First, Middle Initial) MR JOHN DUKE 350			Date o	of Receipt								
	Mailing Address 1594 VIRGINIA LN			04	/ D D 28		у у 014						
	City	State	Zip Code	Trans	saction ID :	SA11AI.340	86						
	BESSEMER	AL	35023	Amoun	t of Each R	leceipt this I	'eriod						
	FEC ID number of contributing federal political committee.	С					200.00	)					
	Name of Employer SELF EMPLOYED	Occupation											
		DOCTOR											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify)		350.00	1									
c.	Full Name (Last, First, Middle Initial) MS JOAN M EDSON 494			Date o	of Receipt								
	Mailing Address PO BOX 145			M M	29		ү ү 014	]					
	City	State	Zip Code	Tran	saction ID :	SA11AI.342	.75						
	HUDSONVILLE	MI	49426	Amoun	t of Each R	leceipt this F	'eriod						
	FEC ID number of contributing federal political committee.	С					50.00	0					
	Name of Employer	Occupation	 										
	NONE	RETIRED											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		210.00	1									

SUBTOTAL of Receipts This Page (optional)				7		,	29	90.0	0	]
TOTAL This Period (last page this line number only)	Г	Į.	1							

Im	age# 201602139008458357								
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 OF 207					
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17					
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND							
Α.	Full Name (Last, First, Middle Initial) MR JAMES EDWARDS 361			Date of Receipt					
	Mailing Address 3502 BANKHEAD AVE			Mmm       /       D       D       /       Y       Y       Y         04       28       _       2014       _         Transaction ID : SA11AI.34279         Amount of Each Receipt this Period					
	City MONTGOMERY	State AL	Zip Code 36111						
	FEC ID number of contributing federal political committee.	С		300.00					
	Name of Employer JAMES H EDWARDS III, MD	Occupation PHYSICIAI							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]					
B.	Full Name (Last, First, Middle Initial) MRS WILMA M EDWARDS 920 Mailing Address PO BOX 2948	Date of Receipt							
	City DEL MAR	State CA	Zip Code 92014	06     18     2014       Transaction ID : SA11AI.34289       Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer NONE	Occupatior RETIRED	1						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]					
C.	Full Name (Last, First, Middle Initial) MRS DONNA EGGEMEYER 79 Mailing Address 217 BLACKBERRY CIR	Date of Receipt							
	City	04 14 2014 Transaction ID : SA11AI.34295							
	MIDLAND	State TX	Zip Code 79705	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer CAVRI LLC	Occupation DIRECTOR							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	1					

SUBTOTAL of Receipts This Page (optional)			7		7	60	00.00	)
TOTAL This Period (last page this line number only)			7		,			

5

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         33         OF         207           (check only one)         X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND						
<u>А</u> .	Full Name (Last, First, Middle Initial) MS LETA J EHRMAN 660			Date of Receipt				
	Mailing Address 1501 INVERNESS DR APT 308			06 30 2014				
	City LAWRENCE	State KS	Zip Code 66047	Transaction ID : SA11AI.34305				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer NONE	Occupation RETIRED						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00					
В.	Full Name (Last, First, Middle Initial) MS MARY JOYCEANN EVANS 129	Date of Receipt						
2.	Mailing Address 33 EVANS LN	04 16 2014						
		State NY	Zip Code	Transaction ID : SA11AI.34533				
	LAKE PLACID           FEC ID number of contributing           federal political committee.	C	12946	Amount of Each Receipt this Period				
	Name of Employer NONE	Occupation RETIRED		_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
<u> </u>	Full Name (Last, First, Middle Initial) MS PHYLLIS B EWELL 775			Date of Receipt				
	Mailing Address 3807 CROSBY CEDAR BAYO	04 22 2014						
	City BAYTOWN	State TX	Zip Code 77521	Transaction ID : SA11AI.34598 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer	Occupation	 					
	NONE Descent For:	RETIRED		_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		300.00					
s	UBTOTAL of Receipts This Page (optional)		•	550.00				

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         34         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	-UND		
Α.	Full Name (Last, First, Middle Initial) MS KATHLEEN G FARLER 982			Date of Receipt
	Mailing Address 4510 95TH ST NE			06 30 Y Y Y Y Y Y Y Y
	City MARYSVILLE	State WA	Zip Code 98270	Transaction ID : SA11AI.34654 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	]
В.	Full Name (Last, First, Middle Initial) MR ROBERT FERGUSON 075	L		Date of Receipt
	Mailing Address 19 MOUNTAINVIEW DR	04 16 2014		
	City HALEDON	State NJ	Zip Code 07508	Transaction ID : SA11AI.34733 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			150.00
	Name of Employer FASHION INSTITUTE OF TECHNOLOGY	Occupation VICE PRES		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
с.	Full Name (Last, First, Middle Initial) MR DAVID E FERGUSON 559	L		Date of Receipt
Mailing Address 700 1ST DR NW APT 248				M M / D D / Y Y Y Y 05 05 2014
	City AUSTIN	State MN	Zip Code 55912	Transaction ID : SA11AI.34742 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-25.00
	Name of Employer	Occupation	1	
	NONE Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -25.00	]
s	UBTOTAL of Receipts This Page (optional)			175.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         35         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any pendotress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR DAVID E FERGUSON 559			Date of Receipt
	Mailing Address 700 1ST DR NW APT 248			05 05 / Y Y Y Y Y Y
	City	State MN	Zip Code	Transaction ID : SA11AI.34743
	AUSTIN	IVIIN	55912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-25.00
	Name of Employer	Occupation	1	
	NONE	RETIRED		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		-50.00	
	Full Name (Last, First, Middle Initial)			
В.	H DUSTIN FILLMORE 761	Date of Receipt		
	Mailing Address 2712 MANORWOOD TRL	04 / D D / Y Y Y Y 04 10 2014		
	FORT WORTH	State TX	Zip Code 76109	Transaction ID : SA11AI.34814           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED	I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR RAYMOND N FINK 488			Date of Receipt
	Mailing Address PO BOX 134			04 / Y Y Y Y Y 04 17 2014
	City WILLIAMSTON	State MI	Zip Code 48895	Transaction ID : SA11AI.34823 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	—
	NONE	RETIRED		
	Receipt For:		Year-to-Date ▼	
	Primary General	, .ggi oguto		
	Other (specify)	L	340.00	
s	UBTOTAL of Receipts This Page (optional)			275.00

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 36 OF           (check only one)         11a         11b         11c         12           13         14         15         16         16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         MR RAYMOND N FINK 488         Mailing Address PO BOX 134         City         WILLIAMSTON         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	State MI C Occupation RETIRED Aggregate	Zip Code 48895 Year-to-Date ▼ 540.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MR RAYMOND N FINK 488         Mailing Address PO BOX 134         City         WILLIAMSTON         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	State MI C Occupation RETIRED Aggregate	Zip Code 48895 Year-to-Date ▼ 640.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. MRS SUSAN MARIE FITZHUC	GH 890		Date of Receipt

Mailing Address 3169 DEGAS TAPEST	06 04 2014				
<b>,</b>	State Zip Code	Transaction ID : SA11AI.34904			
HENDERSON	NV 89044	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	_			
NONE	HOMEMAKER				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	250.00				
SUBTOTAL of Receipts This Page (option	nal) 🕨	400.00			
TOTAL This Period (last page this line nu	mber only)				

207

17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

207

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
A. Full Name (Last, First, Middle Initial) MRS THETYS DIANA FOSTER 208 Mailing Address 2 SOTWEED CT City POTOMAC	State Zip Code MD 20854	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For:	Occupation RETIRED Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. MRS ELEANOR S FOX 339	400.00	Date of Receipt
Mailing Address 13572 PINE VILLA LN City FORT MYERS	State Zip Code FL 33912	M       M       M       D       D       V       Y
FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For:	C Occupation RETIRED Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	600.00	
C. MR RONALD D FRANCIS 561 Mailing Address 974 161ST ST		Date of Receipt
City PIPESTONE	StateZip CodeMN56164	Transaction ID : SA11AI.35078 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		▶ 700.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		1b 4	11c	12	17			
	uch Reports and Statements ma ther than using the name and a			or the	purpos	se of	f soliciting	g contrib	utions			
NAME OF COMMITTEE (Ir CONSERVATIVE												
Full Name (Last, First, Mide A. MR MARION M FRAN			D	ate of	f Rece	ipt						
Mailing Address 6948 TOW			_ [	м м 06	1	D 13		у у 2014	Y			
City LOUDONVILLE	State OH	Zip Code 44842		Transaction ID : SA11AI.35084 Amount of Each Receipt this Period								
FEC ID number of contribu federal political committee.	ting					_			0.00			
Name of Employer	Occupation	1										
NONE	RETIRED											
Receipt For:		Year-to-Date ▼										
	neral	250.00	11									
Other (specify)		1 1										
Full Name (Last, First, Mide B. MR GARY D FREDE			D	ate of	f Rece	ipt						
Mailing Address 4400 RAIN	Address 4400 RAINLILY ST							2014	Y			
City	State	Zip Code		04 Trans	action	07 1 ID :	SA11AI.					
KILLEEN	TX	76542					Receipt th		d			
FEC ID number of contribu federal political committee.	ting				7	_		10	0.00			
Name of Employer NONE	Occupation RETIRED											
Receipt For: Primary Ger Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]									
Full Name (Last, First, Mide C. MR GARY D FRED			D	ate of	f Rece	ipt						
Mailing Address 4400 RAIN	NLILY ST			м м 04	/	D 18		2014	Y			
City	State	Zip Code		Trans	sactior	ו <b>ID</b> :	: SA11AI	.35132				
KILLEEN	TX	76542	A	moun	t of Ea	ich F	Receipt th	nis Perio	d			
FEC ID number of contribu federal political committee.	ting				. ,	_	<b>J</b>	5	0.00			
Name of Employer	Occupation											
NONE	RETIRED											
Receipt For: Primary Ger Other (specify) ▼	heral Aggregate	Year-to-Date ▼ 325.00										
SUBTOTAL of Receipts This	Page (optional)							25(	0.00			

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

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 39 OF 207           (check only one)         11a           X         11a           13         14           15         16
Any infor or for co	rmation copied from such Reports and S ommercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pound of any pound any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	E OF COMMITTEE (In Full) NSERVATIVE MAJORITY F	UND		
A. MR	Name (Last, First, Middle Initial) MYLES B GALCERAN 777			Date of Receipt
	ng Address 5720 EMILY LN	Ctoto	Zin Code	06 10 <u>Y Y Y Y</u> <u>2014</u>
City BEAL	UMONT	State TX	Zip Code 77713	Transaction ID : SA11AI.35272
FEC	ID number of contributing al political committee.	С		Amount of Each Receipt this Period
NONE		Occupation Retired		
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
B. MS	Name (Last, First, Middle Initial) SONJA GERQUEST 064 ng Address 5101 ASHLAR VLG	Date of Receipt		
City	LINGFORD	State CT	Zip Code 06492	05     22     2014       Transaction ID : SA11AI.35482       Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		200.00
Name NONE	e of Employer E	Occupation RETIRED		
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
<b>c</b> . <u>MR</u>	Name (Last, First, Middle Initial)			Date of Receipt
	ng Address 16035 121ST AVE	Otata	7. 0.1	06 / Y Y Y Y 2014
City JAM/	AICA	State NY	Zip Code 11434	Transaction ID : SA11AI.35508 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		100.00
Name	e of Employer	Occupation	I	-
NONE		UNEMPLO	YED	
Recei	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTO	) TAL of Receipts This Page (optional)			400.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check on X 11a 13	NUMBER: ly one)	PAGE	40 OI	F 207
	nformation copied from such Reports and S r commercial purposes, other than using the					soliciting	contribut	ions
	AME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND						
	II Name (Last, First, Middle Initial) IRS MARY A GILBERT 751			Date o	of Receipt			
Ma	ailing Address 3713 NABHOLTZ LN			05	/ D D 28	/ Y	у у 2014	Y
Ci	ty IESQUITE	State TX	Zip Code 75150		saction ID : S nt of Each Re			
	EC ID number of contributing deral political committee.	С					100.	.00
N	ame of Employer ONE	Occupation RETIRED	I					
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]				
<b>B</b> . <u></u>	III Name (Last, First, Middle Initial) IS CYNTHIA A GIUMARRA 933 ailing Address 15121 SAN DOMINGO PL			Date o	of Receipt	/ Y	y y y y y y y y y y y y y y y y y y y	Y
Ci		State	Zip Code		saction ID : S	A11AI.3		
	AKERSFIELD	CA	93306	Amour	nt of Each Re	ceipt this	8 Period	
fee	EC ID number of contributing deral political committee.	С				, ,	5000.	00
	ame of Employer ELF EMPLOYED	Occupation	1					
	eceipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 5000.00	]				
	II Name (Last, First, Middle Initial) MR ROBERT GLENN 850			Date o	of Receipt			
Ma	ailing Address 13240 N TATUM BLVD APT 204			06	/ D D 13	/ Y	y y 2014	Y
Ci	ty HOENIX	State AZ	Zip Code 85032		saction ID : S			
FE	EC ID number of contributing deral political committee.	С		Amour	nt of Each Re	ceipt this	-200	.00
Na	ame of Employer	Occupation	1					
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ -200.00	]				

SUBTOTAL of Receipts This Page (optional)			7			,	490	0.00	)
TOTAL This Period (last page this line number only)	Г	Į.		1					П

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         41         OF         207           (check only one)         (check only one)         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
A. HILL NAME (Last, First, Middle Initial) MRS TRINIDAD R GONZALEZ 760			Date of Receipt
Mailing Address 920 CARPENTER ST	State	Zip Code	06 10 2014
AZLE	TX	76020	Transaction ID : SA11AI.35723 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer NONE	Occupation NOT EMPL		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
B. Full Name (Last, First, Middle Initial) MRS GWEN E GRACE 103 Mailing Address 300 COMBS AVE	1		Date of Receipt
City STATEN ISLAND	State NY	Zip Code 10306	05     26     2014       Transaction ID : SA11AI.35834       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer NONE	Occupation RETIRED	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]
Full Name (Last, First, Middle Initial) C. MRS GWEN E GRACE 103	1		Date of Receipt
Mailing Address 300 COMBS AVE			M M / D D / Y Y Y Y 06 05 2014
City STATEN ISLAND	State NY	Zip Code 10306	Transaction ID : SA11AI.35833 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer	Occupation	1	—
NONE	RETIRED		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	]
SUBTOTAL of Receipts This Page (optional)	<u> </u>		350.00

SCHEDULE A	(FEC F	Form	3X)
ITEMIZED REC	EIPTS		

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS MARJORIE S GRAHAM 350 Mailing Address 100 TIMBERLEAF CIR			Date of Receipt
	City	State AL	Zip Code 35007	04     15     2014       Transaction ID : SA11AI.35848       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer NONE Receipt For:	Occupation Retired	Year-to-Date ▼	
	Primary General Other (specify) ▼		290.00	1
В.	Full Name (Last, First, Middle Initial)         MS MARJORIE S GRAHAM 350         Mailing Address 100 TIMBERLEAF CIR			Date of Receipt
	City	State AL	Zip Code 35007	06 02 2014 Transaction ID : SA11AI.35847 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer NONE	Occupation Retired		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
с.	Full Name (Last, First, Middle Initial) MRS MARILYN G GRAY 284			Date of Receipt
	Mailing Address 1808 MEWS DR	Ctoto	Zip Code	05 / D D / Y Y Y 19 2014
	City WILMINGTON	State NC	28405	Transaction ID : SA11AI.35900           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	
s	UBTOTAL of Receipts This Page (optional)			350.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         43         OF         207           (check only one)					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND							
Α.	Full Name (Last, First, Middle Initial) MRS MARILYN G GRAY 284								
	Mailing Address 1808 MEWS DR			M M / D D / Y Y Y Y 06 04 2014					
	City WILMINGTON	State NC	Zip Code 28405	Transaction ID : SA11AI.35901 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer NONE	Occupation RETIRED							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00						
В.	Full Name (Last, First, Middle Initial) MAJ EDWIN T GRAY 720			Date of Receipt					
	Mailing Address 1001 MCARTHUR DR	06 24 2014							
	City JACKSONVILLE	State AR	Zip Code 72076	Transaction ID : SA11AI.35909 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		200.00					
	Name of Employer US MARINE CORPS	Occupation RETIRED							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) MS ANNIE L GRIMNER 779			Date of Receipt					
	Mailing Address 1255 HOEHNE RD			04 02 2014					
	CUERO	State TX	Zip Code 77954	Transaction ID : SA11AI.36052 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer	Occupation		_					
	NONE       Receipt For:       Primary       General       Other (specify) ▼	HOMEMAK Aggregate	Year-to-Date ▼ 350.00						
s	UBTOTAL of Receipts This Page (optional)		<u>, , , , , , , , , , , , , , , , , , , </u>	330.00					

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         44         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS ANNIE L GRIMNER 779			Date of Receipt
	Mailing Address 1255 HOEHNE RD			04 18 2014
	City CUERO	State TX	Zip Code 77954	Transaction ID : SA11AI.36054 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NONE	Occupation HOMEMAK		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1255 HOEHNE RD	05 15 _2014 _		
	City CUERO	State TX	Zip Code 77954	Transaction ID : SA11AI.36053 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation HOMEMAK		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
<u> </u>	Full Name (Last, First, Middle Initial) MR H DUANE HANSEN 857			Date of Receipt
	Mailing Address 8954 E OLD SPANISH TRL			05 21 _2014 _
	City TUCSON	State AZ	Zip Code 85710	Transaction ID : SA11AI.36343 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	l	
	NONE       Receipt For:       Primary       Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1
s	UBTOTAL of Receipts This Page (optional)			650.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         45         OF           (check only one)         (check only one)         11c         12           13         14         15         16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	he name and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributio e to solicit contributions from such committee
Full Name (Last, First, Middle Initial) MR JACK S HARRISON 320 Mailing Address 1404 BEACH WALKER RD			Date of Receipt
City AMELIA ISLAND	State FL	Zip Code 32034	Transaction ID : SA11AI.36497 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer NONE	Occupation RETIRED		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MR ROBERT L HAWKINS 651 JR Mailing Address 4208B WILLOWLAKE CT			Date of Receipt
City JEFFERSON CITY	State MO	Zip Code 65109	Transaction ID : SA11AI.36625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.0
Name of Employer NONE	Occupation RETIRED		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	

### Full Name (Last, First, Middle Initial) c. MR DONALD E HAZELWOOD 740

Mailing Address 23591 N 4020 RD		05 / D D / Y Y Y Y Y 22 2014
City	State Zip Code	Transaction ID : SA11AI.36651
BARTLESVILLE	OK 74006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
SELF EMPLOYED	MINISTER	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	225.00	
SUBTOTAL of Receipts This Page (optional)	▶	475.00
TOTAL This Period (last page this line number		

207

17

Date of Receipt

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>
	y information copied from such Reports and s for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F									
Α.	Full Name (Last, First, Middle Initial) MR HERBERT HEDGPETH 974 Mailing Address 15950 OCEANVIEW DR				Date o		D		Y Y	Y
	City BROOKINGS	State OR	Zip Code 97415					: <b>: SA11AI</b> . Receipt th		
	FEC ID number of contributing federal political committee.	С					7			0.00
	Name of Employer NONE	Occupation RETIRED	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
в.	Full Name (Last, First, Middle Initial) MS CATHY L HEIDE 972				Date o	of Re	ceipt			
	Mailing Address 1522 NE 143RD AVE				м м 04	/	D 07		2014	Y
	City	State	Zip Code					SA11AI.		
	PORTLAND	OR	97230	Amount of Each Receipt thi				nis Perioc	k	
	FEC ID number of contributing federal political committee.	С					,	,	30	0.00
	Name of Employer NONE	Occupation HOMEMAK								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) MR FRANK HENRY 208				Date o	of Re	ceipt			
	Mailing Address 9805 BRIXTON LN				<sup>M</sup> 04	/	D 18		ү ү 2014	Y
	City BETHESDA	State MD	Zip Code 20817					: SA11AI. Receipt th		ł
	FEC ID number of contributing federal political committee.	ů – L					7	7	20	0.00
	Name of Employer	Occupation	I							
NONE		Retired								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	ı.						
s	UBTOTAL of Receipts This Page (optional)		<u></u>				7	7	430	0.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

7 7 7 7

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				berson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	' FUND		
Α.	Full Name (Last, First, Middle Initial) MR THOMAS HERRON 775 Mailing Address 1426 COUNTY ROAD 47			Date of Receipt
				04 08 2014
	City ANGLETON	State TX	Zip Code 77515	Transaction ID : SA11AI.36866
			11010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	
	CENTENNIAL MEDICAL CTR	CEO		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Other (specify)		500.00	1
	Other (specify)		1 1 1	1
в.	Full Name (Last, First, Middle Initial) MRS PHYLLIS HESS 614			Date of Receipt
	Mailing Address 19485 N 1700TH RD			M = M / D = D / Y = Y = Y = Y 04 07 _ 2014 _
	City	State	Zip Code	Transaction ID : SA11AI.36888
	BUSHNELL	IL	61422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SELF EMPLOYED	Occupation	1	-
		FARMER		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	]
— c.	Full Name (Last, First, Middle Initial) MR FRANK HILL 731			Date of Receipt
	Mailing Address 8109 NW 130TH PL			06 12 2014
	City	State	Zip Code	Transaction ID : SA11AI.36969
	OKLAHOMA CITY	OK	73142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	
	SELF EMPLOYED	ATTORNE	Y	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		350.00	
s	UBTOTAL of Receipts This Page (optional)			950.00

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

# Image# 201602139008458373

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial)         MS DORIE HILLIARD 751         Mailing Address       1909 VZ COUNTY ROAD 110	06		Date of Receipt
	City CANTON	State TX	Zip Code 75103	05     19     2014       Transaction ID : SA11AI.36993       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation HOMEMAK		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) MS DORIE HILLIARD 751 Mailing Address 1909 VZ COUNTY ROAD 110	16		Date of Receipt
	City	05 21 2014 Transaction ID : SA11AI.36994		
	CANTON FEC ID number of contributing federal political committee.	С	75103	Amount of Each Receipt this Period
	Name of Employer NONE	Occupation HOMEMAK		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
<u>с</u> .				Date of Receipt
	Mailing Address 3720 55TH AVE SE	State	Zip Code	04 14 2014 Transaction ID : SA11AI.37094
	MEDINA	ND	58467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		
	HOFMANN TRUCKING LLC Receipt For:	BUSINESS		_
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1000.00	
5	UBTOTAL of Receipts This Page (optional)			750.00

TOTAL This Period (last page this line number only)			
---	--	--	--

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	ny information copied from such Reports and a for commercial purposes, other than using th			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND		
A.				Date of Receipt
	Mailing Address 3720 55TH AVE SE	Otata	Zin Oada	06 10 2014
	City MEDINA	State ND	Zip Code 58467	Transaction ID : SA11AI.37093           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		
	HOFMANN TRUCKING LLC	BUSINESS	OWNER	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		2000.00	1
	Other (specify)		7 7	1
в.	Full Name (Last, First, Middle Initial) MR JIMMY L HOLMES 710 SR			Date of Receipt
	Mailing Address 619 MARSHALL RD			M M / D D / Y Y Y Y 06 18 _2014 _
	City	State	Zip Code	Transaction ID : SA11AI.37163
	KEATCHIE	LA	71046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation	I	_
	-	RETIRED		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		, 250.00	]
с.	Full Name (Last, First, Middle Initial) MS LENNIE HOUSE 405			Date of Receipt
	Mailing Address 101 VENTURE CT			06 03 2014
	City	State	Zip Code	Transaction ID : SA11AI.37300
		KY	40511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	l	
	NURSES REGISTRY INC	BUSINESS	OWNER	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Other (specify)		1000.00	1
s	<b>UBTOTAL</b> of Receipts This Page (optional)			2100.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 50 OF

207

			Use separate schedule(s)		(check only one)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>X</b> 11a		11b 14	11	F	12	Г	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose o	f solic	iting (	contrib		ns
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	-UND										
Α.	Full Name (Last, First, Middle Initial) MR RONNIE HOWELL 788				Date o	f Re	eceipt					
	Mailing Address 2400 VETERANS BLVD 						28	3	Y	2014		
	City DEL RIO	State TX	Zip Code 78840	_	Amoun		<u>ion ID</u> Each I				d	
	FEC ID number of contributing federal political committee.	C					7		,	15	50.0	0
	Name of Employer NONE	Occupation RETIRED										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
в.	Full Name (Last, First, Middle Initial) MR RONNIE HOWELL 788				Date o	of Re	eceipt					
	Mailing Address 2400 VETERANS BLVD STE 16C	_			05	/	29			y y 2014	Y	]
	City DEL RIO	State TX	Zip Code 78840		Trans Amoun		ion ID : Each I				d	
	FEC ID number of contributing federal political committee.	С					7		,	20	0.0	0
	Name of Employer NONE	Occupation RETIRED										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) MR LEWIS HOWELL 937				Date o	of Re	eceipt					
	Mailing Address 325 E SHIELDS AVE				06	/	03			y y 2014	Y	1
	City FRESNO	State CA	Zip Code 93704		Tran: Amoun		i <b>on ID</b> Each I				d	
	FEC ID number of contributing federal political committee.	С					7		_	10	0.00	0
	Name of Employer	Occupation										
	AMERICAN BEAUTY SUPPLY Receipt For: Primary Other (specify)	Aggregate	v Year-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)		•	•			,			45	50.00	)

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

10

#### Image# 201602139008458376

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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

(check only one)

PAGE 51 OF

207

		Detailed Summary Page		11a		1b	11c		2	
	<b>B</b>			13		4	15		6	17
Any information copied from such or for commercial purposes, othe	r than using the name and a									
NAME OF COMMITTEE (In F										
Full Name (Last, First, Middle A. MS LINDA HUGHES 92				Date of	f Rece	eipt				
Mailing Address 66 LINDA ISLE				м м 06	/	D D	/ Y	y 201	Y 4	Y
City	State	Zip Code			actio		SA11AI.3			
NEWPORT BEACH	CA	92660		Amount	t of E	ach Re	eceipt thi	is Per	riod	
FEC ID number of contributing federal political committee.	C								200.0	00
Name of Employer	Occupation	l	_							
SELF EMPLOYED	ATTORNE	Y								
Receipt For:		Year-to-Date <b>V</b>								
Primary Genera	al	300.00	11							
Other (specify)		300.00	1							
Full Name (Last, First, Middle B. MRS WILMA L HULL 9				Data af		- : A				
			_	Date of			_			_
Mailing Address 2965 SW 53R	DST			04	1	23	/ Y	2014	ү – Г Д	Y
City	State	Zip Code	_		actio		SA11AI.3			
CORVALLIS	OR	97333					eceipt thi			
FEC ID number of contributing federal political committee.	C				. ,				300.0	00
Name of Employer	Occupation	l	_							
NONE	RETIRED									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary Genera			11							
Other (specify)		300.00	4							
Full Name (Last, First, Middle C. MR JAMES JACKSOI				Date of	f Rece	eipt				
Mailing Address 276 CAROLE	DR			04	/	D D 16	/ Y	201		Y
City	State	Zip Code		Trans	actio	n ID :	SA11AI.	37611	1	
MANDEVILLE	LA	70448		Amount	t of E	ach Re	eceipt thi	is Per	riod	
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.							_	250.	00
Name of Employer	Occupation	l								
NONE	NOT EMPL	.OYED								
Receipt For:		Year-to-Date ▼								
Primary Genera	al I	205.00	1							
Other (specify)		285.00								
	I			_	-	-		_	_	_
SUBTOTAL of Receipts This Pa	ge (optional)			<u> </u>			7		750.0	0

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

1 (j) 1 (j) 1 (i)

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Α.				Date of Receipt
	Mailing Address 276 CAROLE DR	01.1	7.0.1	05 13 Y Y Y Y Y 05 13
	City MANDEVILLE	State LA	Zip Code 70448	Transaction ID : SA11AI.37612 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer	Occupation	1	_
	NONE	NOT EMPL	.OYED	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		320.00	
в.	Full Name (Last, First, Middle Initial) MS MARY L JETER 361			Date of Receipt
	Mailing Address 3546 VAUGHN RD			06 30 2014
	City	State	Zip Code	Transaction ID : SA11AI.37801
	MONTGOMERY	AL	36106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR DANIEL JOHNESE 805	1		Date of Receipt
	Mailing Address 2900 SKIMMERHORN ST			M = M / D = D / Y = Y = Y = Y 06 30 2014
	City FORT COLLINS	State CO	Zip Code 80526	Transaction ID : SA11AI.37819 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	—
	SELF EMPLOYED	REAL EST	ATE WHOLESALER	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		300.00	1
s	UBTOTAL of Receipts This Page (optional)			335.00

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

\_\_\_\_

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 53 OF

207

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stator for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU	ND	
NONE Receipt For:	State Zip Code IN 46032 C Occupation Retired Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 22 2014 Transaction ID : SA11AI.37865 Amount of Each Receipt this Period 500.00
B. MS GERALDINE F JOHNSON 460 Mailing Address 1074 TIMBER CREEK DR		Date of Receipt
UNIT 1 City CARMEL FEC ID number of contributing federal political committee.	State Zip Code IN 46032	05     28     2014       Transaction ID : SA11AI.37866       Amount of Each Receipt this Period       150.00
Name of Employer NONE	Occupation RETIRED Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) MR EDWARD J JOHNSON 857 Mailing Address 5160 N SABINO FOOTHILLS D	R	Date of Receipt
City TUCSON FEC ID number of contributing	State Zip Code AZ 85750	04     14     2014       Transaction ID : SA11AI.37920       Amount of Each Receipt this Period
federal political committee. Name of Employer INVEST-COM REAL ESTATE	C Occupation REAL ESTATE BROKER Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	►	750.00

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

207

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name (Last, First, Middle Initial)         MR EDWARD J JOHNSON 857         Mailing Address 5160 N SABINO FOOTHILL         City         TUCSON         FEC ID number of contributing federal political committee.         Name of Employer         INVEST-COM REAL ESTATE         Receipt For:         Primary       General         Other (specify)	S DR State Zip Code AZ 85750 C Occupation REAL ESTATE BROKER Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MR EDWARD J JOHNSON 857         Mailing Address 5160 N SABINO FOOTHILLS         City         TUCSON         FEC ID number of contributing federal political committee.         Name of Employer         INVEST-COM REAL ESTATE         Receipt For:         Primary       General         Other (specify) ▼	S DR State Zip Code AZ 85750 C Occupation REAL ESTATE BROKER Aggregate Year-to-Date ▼ 300.00	Date of Receipt
C. MR EDWARD J JOHNSON 857 Mailing Address 5160 N SABINO FOOTHILL City TUCSON FEC ID number of contributing federal political committee. Name of Employer INVEST-COM REAL ESTATE Receipt For: Primary General Other (specify) ▼	S DR S tate Zip Code AZ 85750 C Occupation REAL ESTATE BROKER Aggregate Year-to-Date ▼ 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	·	125.00

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

9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         55         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
A. Full Name (Last, First, Middle Initial) MS SHIRLEY C JOHNSON 939 Mailing Address 3230 MACOMBER DR			Date of Receipt
City PEBBLE BEACH	State CA	Zip Code 93953	05 27 2014 Transaction ID : SA11AI.37931
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation RETIRED	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial)           B.         MS GLORIA B JONASSEN 076           Mailing Address 320 SCHRAALENBURGH R			Date of Receipt
City HAWORTH FEC ID number of contributing federal political committee.	State NJ	Zip Code 07641	04     29     2014       Transaction ID : SA11AI.37962       Amount of Each Receipt this Period
Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate	Year-to-Date ▼ -25.00	
C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 320 SCHRAALENBURGH R City HAWORTH	State NJ	Zip Code 07641	M M M       /       D D       /       Y Y Y Y Y Y         04       29       2014         Transaction ID : SA11AI.37963         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General	Occupation RETIRED Aggregate	Year-to-Date ▼	-25.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		-50.00	75.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	′ FUND		
Full Name (Last, First, Middle Initial)         MS PAULINE B JONES 801         Mailing Address 3091 MILL VISTA RD         UNIT 1013         City         LITTLETON         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	State CO C Occupation RETIRED Aggregate	Zip Code 80129 Year-to-Date ▼ 205.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MR ALBERT KASTENS 677         Mailing Address 6629 ROAD 26         City         LUDELL         FEC ID number of contributing federal political committee.         Name of Employer         SELF EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State KS C Occupation FARMER Aggregate	Zip Code 67744 Year-to-Date ▼ 240.00	Date of Receipt 04 08 2014 Transaction ID : SA11AI.38197 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) MS JUDITH A KEILLOR 785 Mailing Address 3205 BANYON CIR City HARLINGEN FEC ID number of contributing federal political committee. Name of Employer BULK PACK INC Receipt For: Primary General Other (specify) ▼	State TX C Occupation MANAGER Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			480.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 57 OF 207           (check only one)         11a           X         11a           13         14
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR FRED B KELLER 770			Date of Receipt
	Mailing Address 102 SUGARBERRY CIR		7.0.1	06 / Y Y Y Y 2014
	City HOUSTON	State TX	Zip Code 77024	Transaction ID : SA11AI.38264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
	Full Name (Last, First, Middle Initial) MRS DIAN KENNEDY 913			Date of Receipt
D.	Mailing Address 5906 ETIWANDA AVE UNIT 27			06 20 _2014
	City TARZANA	State CA	Zip Code 91356	Transaction ID : SA11AI.38350 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer DIAN KENNEDY DESIGNS INC	Occupation DESIGNER		
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 300.00	]
с.	Full Name (Last, First, Middle Initial) MR HAROLD S KERZNER 076			Date of Receipt
	Mailing Address 530 FAIRVIEW AVE APT 301	01-11-	7. 0. 1.	05 / D D / Y Y Y Y 05 05 2014
	City WESTWOOD	State NJ	Zip Code 07675	Transaction ID : SA11AI.38378 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	—
	NONE Passint For:	RETIRED		
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 300.00	]
s	UBTOTAL of Receipts This Page (optional)			550.00

	-									
S	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 58 OF 207 (check only one)					
ITEMIZED RECEIPTS			Use separate schedule(s) ( for each category of the		ı´ —		_			
			Detailed Summary Page	X 11a	11b	11c 12				
			Letter the set of the	13	14	15   16	17			
	y information copied from such Reports and S for commercial purposes, other than using the									
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F									
	CONSERVATIVE MAJORITY	UND								
V	Full Name (Last, First, Middle Initial)									
Α.	MR KEVIN F KRUEGER 544			Date of Re	eceipt					
	Mailing Address 14758 NAUGART DR			M M /	DD	/ Y Y Y	Y			
	<u></u>	Chata	Zin Onde	04	14	2014				
	City ATHENS	State WI	Zip Code 54411			11AI.38812				
		VVI	54411	Amount of	Each Rec	eipt this Period	1			
	FEC ID number of contributing federal political committee.	С			3	500	0.00			
	Name of Employer	Occupation	1							
	SELF EMPLOYED	AUTOMOT	IVE SALES							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	33 - 3		1						
	Other (specify)	L	500.00							
в.	Full Name (Last, First, Middle Initial) MS MARY JANE LAATZ 462			Date of Re	eceipt					
	Mailing Address 6824 WILLOW RD			M M /	DD	/ <u>Y Y Y</u>	Y			
				04	08	2014	_			
	City	State	Zip Code	Transact	ion ID : SA	11AI.38907				
	INDIANAPOLIS	IN	46220	Amount of	Each Rec	eipt this Period	ł			
	FEC ID number of contributing federal political committee.	С			,	200	0.00			
	Name of Employer	Occupation								
	NONE	RETIRED								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General			1						
	Other (specify)	L	300.00							
C.	Full Name (Last, First, Middle Initial) MS MARY JANE LAATZ 462			Date of Re	eceipt					
	Mailing Address 6824 WILLOW RD			05 /	02	/ Y Y Y 2014	Y			
	City	State	Zip Code	Transact	tion ID : SA	11AI.38909				
	INDIANAPOLIS	IN	46220	Amount of	Each Rec	eipt this Period	ł			
	FEC ID number of contributing federal political committee.	С			7	100	0.00			
	Name of Employer	Occupation	1							
	NONE	RETIRED								
	Receipt For:		Year-to-Date ▼	—						
	Primary General	, iggi cgale		1						
	Other (specify)		400.00							

SUBTOTAL of Receipts This Page (optional)					 			8	0.00	0
	÷					,				_
TOTAL This Period (last page this line number only)		_	_	7		7	_			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         59         OF         207           (check only one)         (check only one)         11c         12         13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS MARY JANE LAATZ 462			Date of Receipt
	Mailing Address 6824 WILLOW RD			05 19 2014
	City INDIANAPOLIS	State IN	Zip Code 46220	Transaction ID : SA11AI.38906 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
в.	Full Name (Last, First, Middle Initial) MS MARY JANE LAATZ 462			Date of Receipt
	Mailing Address 6824 WILLOW RD City INDIANAPOLIS	State	Zip Code 46220	M M M       /       D D       /       Y Y Y Y Y Y         06       24       2014         Transaction ID : SA11AI.38908         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	]
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address PO BOX 128			04 / D D / Y Y Y Y 04 17 2014
	City CHARLESTON	State MO	Zip Code 63834	Transaction ID : SA11AI.39059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	
	LANKHEIT FARMS Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	1
s	UBTOTAL of Receipts This Page (optional)			700.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         60         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR STEPHEN LANKHEIT 638			Date of Receipt
	Mailing Address PO BOX 128			M = M         /         D = D         /         Y = Y = Y = Y         Y           05         23         2014         1
	City CHARLESTON	State MO	Zip Code 63834	Transaction ID : SA11AI.39058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer LANKHEIT FARMS	Occupation FARMER	l	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]
в.	Full Name (Last, First, Middle Initial) MR STEPHEN LANKHEIT 638			Date of Receipt
	Mailing Address PO BOX 128			06 09 2014
	City CHARLESTON	State MO	Zip Code 63834	Transaction ID : SA11AI.39057           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer LANKHEIT FARMS	Occupation FARMER	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
с.	Full Name (Last, First, Middle Initial) MS JEAN E LAUGHERY 216			Date of Receipt
	Mailing Address 29080 COLLIER LN			M = M         /         D = D         /         Y = Y = Y = Y         Y           04         08         _2014         _
	City EASTON	State MD	Zip Code 21601	Transaction ID : SA11AI.39142 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-20.00
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -20.00	]
s	UBTOTAL of Receipts This Page (optional)		<b>`</b>	55.00

TOTAL This Period (last page this line number only)	L		7	 	- 7	_	_	 

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         61         OF         207           (check only one)
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	TY FUND		
Full Name (Last, First, Middle Initial) A. MS SHIRLEY L LAURIN 483			Date of Receipt
Mailing Address 24583 MILLCREEK DR			M = M / D = D / Y = Y = Y
City FARMINGTON HILLS	State MI	Zip Code 48336	04     16     2014       Transaction ID : SA11AI.39155       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer NONE Receipt For:	Occupation RETIRED		
Primary General Other (specify)		Year-to-Date ▼ 300.00	1
Full Name (Last, First, Middle Initial) 3. MS SHIRLEY L LAURIN 483			Date of Receipt
Mailing Address 24583 MILLCREEK DR			05 22 2014
City FARMINGTON HILLS	State MI	Zip Code 48336	Transaction ID : SA11AI.39154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer NONE	Occupation RETIRED		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	]
Full Name (Last, First, Middle Initial)	57		Date of Receipt
Mailing Address 532 PFEIFFER RD			04 08 2014
City MARION CENTER	State PA	Zip Code 15759	Transaction ID : SA11AI.39208 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer NONE	Occupation RETIRED		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	1

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 62 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
A. Full Name (Last, First, Middle Initial) MS SARA B LEACH 773 Mailing Address 3002 HEATHERPARK DR	State	Zip Code	Date of Receipt
KINGWOOD FEC ID number of contributing federal political committee. Name of Employer	C Occupation	77345	Amount of Each Receipt this Period
NONE Receipt For: Primary General Other (specify)	HOMEMAK Aggregate	XER Year-to-Date ▼ 280.00	
B. Full Name (Last, First, Middle Initial) MRS ALICE LEBEWOHL 931 Mailing Address 5500 CALLE REAL BLDG A	129		Date of Receipt
City SANTA BARBARA FEC ID number of contributing federal political committee.	State CA	Zip Code 93111	Transaction ID : SA11AI.39228           Amount of Each Receipt this Period           200.00
Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate	Year-to-Date ▼ 600.00	1
C. MRS ISABEL B LEIB 117 Mailing Address 1281 WOLVER HOLLOW R	D	Zip Code	Date of Receipt 05 / 12 / 2014 Transaction ID : SA11AI.39303
OYSTER BAY FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General	NY C Occupatior RETIRED	11771	Amount of Each Receipt this Period
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		700.00	650.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

1 9 1 9 1 1 9 1 1 M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         63         OF         207           (check only one)
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS ONA F LESTER 300			Date of Receipt
	Mailing Address 1101 HUMPHRIES RD NW			04 16 Y Y Y Y Y Y 04 16 2014
	City	State GA	Zip Code 30012	Transaction ID : SA11AI.39360
	CONYERS	GA	30012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	
	NONE	RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	]
В.	Full Name (Last, First, Middle Initial) MS DOROTHY L LEWIS 956			Date of Receipt
Б.	Mailing Address 2415 SHIRLAND PARK PL			06 12 _2014 _
	City	State	Zip Code	Transaction ID : SA11AI.39411
	AUBURN	CA	95603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
<u> </u>	Full Name (Last, First, Middle Initial) MR DARRELL LIND 067			Date of Receipt
	Mailing Address 51 DAVIDS HILL RD			06 18 2014
	City WOODBURY	State CT	Zip Code 06798	Transaction ID : SA11AI.39437 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	WOODBURY WALL SYSTEMS	DRYWALL	CONTRACTOR	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	]
s	UBTOTAL of Receipts This Page (optional)			275.00

.

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         64         OF         207           (check only one)			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND					
Α.	Full Name (Last, First, Middle Initial) MS MARY M LOFSTROM 329			Date of Receipt			
	Mailing Address 9025 SOMERSET BAY LN APT 302		7. 0.1	04 02 / Y Y Y Y 04 02 2014			
	City VERO BEACH	State FL	Zip Code 32963	Transaction ID : SA11AI.39525         Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer NONE Descript Factor	Occupation RETIRED					
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 325.00				
В.	Full Name (Last, First, Middle Initial) MR DON J LONG 656			Date of Receipt			
-	Mailing Address 1830 HILL HAVEN RD		06 04 Y Y Y Y Y 06 04				
	City HOLLISTER	State MO	Zip Code 65672	Transaction ID : SA11AI.39559 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer NONE	Occupation RETIRED					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
c.				Date of Receipt			
	Mailing Address 1241 CIRCLE DR			M M / D D / Y Y Y Y 04 16 2014			
	City SAPULPA	State OK	Zip Code 74066	Transaction ID : SA11AI.39598 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		-100.00			
	Name of Employer	Occupation	1	—			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ -100.00				
s	UBTOTAL of Receipts This Page (optional)			100.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         65         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS JUDITH LOTHMANN 481			Date of Receipt
	Mailing Address 1721 CLFS LNDG APT 5			06 30 <u>2014</u>
	City YPSILANTI	State MI	Zip Code 48198	Transaction ID : SA11AI.39610 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) MR LAWRENCE E LUDD 321			Date of Receipt
	Mailing Address 4405 SEA MIST DR APT 114			05 21 2014
	City NEW SMYRNA	State FL	Zip Code 32169	Transaction ID : SA11AI.39680 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR KEVIN D LUSSENDEN 488			Date of Receipt
	Mailing Address 3282 DEAN RD			05 06 2014
	City HOWELL	State MI	Zip Code 48855	Transaction ID : SA11AI.39715 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	
	SELF EMPLOYED	PLUMBER		_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			475.00

## Image# 201602139008458391

IIIage# 201002159006450591			
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         66         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY Full Name (Last, First, Middle Initial)	the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
A. MS LAURA MACCIA 719 Mailing Address 1925 MALVERN AVE City HOT SPRINGS NATION	State AR	Zip Code 71901	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation	Year-to-Date ▼	-50.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. MR TIMOTHY MADDERN 950 Mailing Address 1830 CAMPHOR CT		-50.00	Date of Receipt
City MILPITAS FEC ID number of contributing federal political committee.	State CA	Zip Code 95035	06       17       2014         Transaction ID : SA11AI.39800         Amount of Each Receipt this Period         200.00
Name of Employer TRIMBLE NAVIGATION LTD Receipt For: Primary General Other (specify)	Occupation DESIGNER Aggregate		
Full Name (Last, First, Middle Initial) C. MAMAEDGEN 783 Mailing Address PO BOX 87			Date of Receipt

FEC ID number of contributing federal political committee.	C					7	100.00
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional)	►		- 7			,	250.00
TOTAL This Period (last page this line number only)							

Zip Code

78368

State

ТΧ

Transaction ID : SA11AI.39812

Amount of Each Receipt this Period

City

MATHIS

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         67         OF         207           (check only one)
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR DAVID T MARSHBURN 278		Date of Receipt	
	Mailing Address 905 WOODLAWN DR			04 10 / Y Y Y Y Y Y
	City WILLIAMSTON	State NC	Zip Code 27892	Transaction ID : SA11AI.39976 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) MR MICHAEL MATEI 225			Date of Receipt
	Mailing Address 8436 MEADOWLAND DR			04 28 2014
	City LOCUST GROVE	State VA	Zip Code 22508	Transaction ID : SA11AI.40110 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name (Last, First, Middle Initial) MR GEORGE W MATHEWS 303			Date of Receipt
	Mailing Address 212 TOWNSEND PL NW			05 27 2014
	City ATLANTA	State GA	Zip Code 30327	Transaction ID : SA11AI.40117 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		—
	NONE Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	650.00

Image# 201602139008458393		
SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         68         OF         207           (check only one)
	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. MR WILLIAM B MATTINGLY 64	0	Date of Receipt
Mailing Address PO BOX 1092		05 19 2014
City RAYMORE	StateZip CodeMO64083	Transaction ID : SA11AI.40149           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer NONE	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) <b>B.</b> MR WILLIAM B MATTINGLY 6 Mailing Address PO BOX 1092	40	Date of Receipt
City RAYMORE	State Zip Code MO 64083	06     30     2014       Transaction ID : SA11AI.40148       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer NONE	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. MRS MICHAEL S MCCRARY	Ý 921	Date of Receipt
Mailing Address 953 OLIVE AVE		05 13 / Y Y Y Y 05 13
City CORONADO	StateZip CodeCA92118	Transaction ID : SA11AI.40338 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	

	1	-			-		35(	00	٦
SUBTOTAL of Receipts This Page (optional)	. I.	-	-	7		7	000	0.00	
	- E				 		 		п.
TOTAL This Period (last page this line number only)	- L			- 7	 	- 7			

300.00

CONSULTANT

Aggregate Year-to-Date **V** 

SELF EMPLOYED

Primary

Other (specify)

General

Receipt For:

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         69         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR JOHN F MCHALE 346			Date of Receipt
	Mailing Address 3920 JUPITER DR			04 22 Y Y Y Y 04 22 2014
	City NEW PRT RCHY	State FL	Zip Code 34652	Transaction ID : SA11AI.40463
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -50.00	
В.	Full Name (Last, First, Middle Initial) MRS EMILY G MCLEAN 853			Date of Receipt
	Mailing Address PO BOX 156			04 10 _2014
	City	State	Zip Code	Transaction ID : SA11AI.40531
	BUCKEYE	AZ	85326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<u> </u>	Full Name (Last, First, Middle Initial) MS MARLENE B MCLEOD 344			Date of Receipt
	Mailing Address 4540 SE 48TH PLACE RD			06 17 / Y Y Y Y 06 17
	City OCALA	State FL	Zip Code 34480	Transaction ID : SA11AI.40534 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		
	NONE	RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	. 300.00

Image# 201602139008458395			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         70         OF           (check only one)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	g the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. MRS SHERRY MCPHERSON 546 Mailing Address PO BOX 367	6		Date of Receipt
City SPARTA FEC ID number of contributing	State WI	Zip Code 54656	Transaction ID : SA11AI.40591 Amount of Each Receipt this Period 500.00
Name of Employer          NONE         Receipt For:         Primary       General         Other (specify) ▼	Aggregate		
Full Name (Last, First, Middle Initial) <b>MR JAMES K MESSINGER</b> 983 Mailing Address 13926 215TH AVE E			Date of Receipt
City BONNEY LAKE	State WA	Zip Code 98391	Transaction ID : SA11AI.40738           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer NONE	Occupation RETIRED	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1
Full Name (Last, First, Middle Initial) MR ROBERT B MILLER 420			Date of Receipt
Mailing Address 6320 SAINT ANDREWS	State	Zip Code	04 25 2014 Transaction ID : SA11AI.40861

PADUCAH	KY 42001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (option	al) ►	675.00
TOTAL This Period (last page this line nu	mber only)	· · · · · · · · · · · · · · · · · · ·

207

17

### Image# 201602139008458396

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         71         OF         207           (check only one)
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR PAUL C MILLER 440			Date of Receipt
	Mailing Address 15535 BURTON WINDSOR R	D		06 25 2014
	City MIDDLEFIELD	State OH	Zip Code 44062	Transaction ID : SA11AI.40864 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer HONEST SALES RECYCLING	Occupation SELF EMP		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
В.	Full Name (Last, First, Middle Initial) MR MICHAEL MIRANDA 937			Date of Receipt
В.	Mailing Address PO BOX 11983			04 10 _2014 _
	City FRESNO	State CA	Zip Code 93776	Transaction ID : SA11AI.40989 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SELF EMPLOYED	Occupation VENDING	MACHINES	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR CHARLES D MISSAR 200			Date of Receipt
	Mailing Address 5420 CONNECTICUT AVE NV	V		05 27 2014
	City WASHINGTON	State DC	Zip Code 20015	Transaction ID : SA11AI.40999 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	
	NONE       Receipt For:       Primary       General       Other (specify) ▼	RETIRED Aggregate	Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)			450.00

	_						
	- 12	 		 _	 	 	 
TOTAL This Period (last page this line number only)	L	 	- 7		7		 

Image# 201602139008458397			
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER:         PAGE         72         OF         2           (check only one)         I1a         11b         11c         12           13         14         15         16         I6
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	the name and address	e sold or used by any pe of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) MR WALTER H MOFIELD 959 Mailing Address PO BOX 129			Date of Receipt
City CLIPPER MILLS		9 Code 930	04     07     2014       Transaction ID : SA11AI.41049       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		150.00
NONE Receipt For: Primary General Other (specify) ▼	RETIRED Aggregate Year-to	-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. MRS MARCIA W MONNIER 454 Mailing Address 6985 WEMBLEY CIR			Date of Receipt
City DAYTON		0 Code 459	Transaction ID : SA11AI.41095           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer NONE Receipt For:	Occupation HOMEMAKER	<u> </u>	_
Primary General Other (specify) ▼	Aggregate Year-to	400.00	
C. Full Name (Last, First, Middle Initial) MS NANCY V MOORE 193 Mailing Address 300 E MARSHALL ST			Date of Receipt
APT 226 City		) Code	05 23 2014 Transaction ID : SA11AI.41133
FEC ID number of contributing federal political committee.	PA 19	380	Amount of Each Receipt this Period
Name of Employer NONE	Occupation RETIRED		-
Receipt For:	Aggregate Vear-to	-Data 🔻	-

Aggregate Year-to-Date **V** 

350.00

\_\_\_\_

450.00

. .

207

17

Primary

Other (specify)

General

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         73         OF         207           (check only one)         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	e name and a		erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)         A.       MR AL MOORE 631         Mailing Address 9910 PAGE AVE         City         SAINT LOUIS         FEC ID number of contributing federal political committee.         Name of Employer         MOORE FOOD DISTRIBUTORS INC         Receipt For:         Primary       General         Other (specify) ▼	State MO C Occupation PRESIDEN	Zip Code 63132 T Year-to-Date ▼ 705.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MR AL MOORE 631         Mailing Address 9910 PAGE AVE         City         SAINT LOUIS         FEC ID number of contributing federal political committee.         Name of Employer         MOORE FOOD DISTRIBUTORS INC         Receipt For:         Primary       General         Other (specify) ▼	State MO C Occupation PRESIDEN Aggregate	Zip Code 63132 r Year-to-Date ▼ 805.00	Date of Receipt 06 19 2014 Transaction ID : SA11AI.41156 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial)         C.       MS MARGARITA MOSES 754 RN         Mailing Address 5889 DEER CROSSING LN         City         QUINLAN         FEC ID number of contributing federal political committee.         Name of Employer         EPIC HEALTH CARE SERVICES         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation REGISTER	Zip Code 75474 ED NURSE Year-to-Date ▼ 325.00	Date of Receipt 06 06 2014 Transaction ID : SA11AI.41284 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)			700.00

	- 1	 	 	 	 	
TOTAL This Period (last page this line number only)	1	 	 	 - 7	 	 

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         74         OF         207           (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
A. Full Name (Last, First, Middle Initial) MR MUHAMMAD NASIR 913 Mailing Address 11987 SHOSHONE AVE			Date of Receipt
City GRANADA HILLS	State CA	Zip Code 91344	05 13 2014 Transaction ID : SA11AI.41522 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer ARFLAKE REHAB MEDICAL CENTER Receipt For:	Occupation DOCTOR	Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	400.00	
B. Full Name (Last, First, Middle Initial) MR DAVID I NATION 760 Mailing Address 1404 BRIARWOOD BLVD			Date of Receipt
City ARLINGTON FEC ID number of contributing federal political committee.	State TX	Zip Code 76013	04     01     2014       Transaction ID : SA11AI.41530       Amount of Each Receipt this Period
Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. MR JAMES S NEALE 856			Date of Receipt
Mailing Address 17660 W REDROCK LN City MARANA	State AZ	Zip Code 85653	06       16       2014         Transaction ID : SA11AI.41559         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate	Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)			450.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         75         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS CAROLE NICOLELLA 152			Date of Receipt
	Mailing Address 4032 TUXEY AVE			06 09 / Y Y Y Y 06 09 2014
	City PITTSBURGH	State PA	Zip Code 15227	Transaction ID : SA11AI.41724           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) MR WINFORD T NOWELL 018			Date of Receipt
	Mailing Address 8 ROLLINS ST			05 22 2014
	City GROVELAND	State MA	Zip Code 01834	Transaction ID : SA11AI.41829 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED	1	_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
<u> </u>	Full Name (Last, First, Middle Initial) MRS ELIZABETH OLESON 522			Date of Receipt
	Mailing Address 807 4TH ST	<b>0</b> 111		06 / D D / Y Y Y Y Y 2014
	City KALONA	State IA	Zip Code 52247	Transaction ID : SA11AI.41914 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation	1	-
	MANFIELD FOUNDATION Receipt For: Primary General	CPA Aggregate	Year-to-Date ▼	-
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)		<b></b>	650.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

## Image# 201602139008458401

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 76 OF

207

TTEMIZED RECEIPTS	for each cate Detailed Sun		X         11a         11b         11c         12           13         14         15         16         17					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	RITY FUND							
A. Full Name (Last, First, Middle Initial) MR KENT OLSON 691 Mailing Address PO BOX 82			Date of Receipt					
City	State Zip Code		04 08 2014 Transaction ID : SA11AI.41939					
OGALLALA	NE 69153		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		-25.00					
Name of Employer	Occupation		_					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	-25.00	]					
Full Name (Last, First, Middle Initial) B. MRS PATRICIA A OPEL 43	3		Date of Receipt					
Mailing Address 7845 N ST			06 24 2014					
City	State Zip Code		Transaction ID : SA11AI.41976					
RUSSELLS POINT	OH 43348		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.								
Name of Employer	Occupation							
NONE	RETIRED							
Receipt For:	Aggregate Year-to-Date ▼							
Primary     General       Other (specify) ▼		300.00	1					
Full Name (Last, First, Middle Initial) C. MR RONNIE OTTO 779			Date of Receipt					
Mailing Address 3857 BURROUGHS	Mailing Address 3857 BURROUGHSVILLE RD							
City	State Zip Code		Transaction ID : SA11AI.42035					
VICTORIA	TX 77905		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	J J J J J J J J J J J J J J J J J J J							
Name of Employer	Occupation		-					
TX ASSN OF MEAT PROCESSORS	DIRECTOR							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)		350.00	1					
SUBTOTAL of Receipts This Page (or	l tional)		325.00					

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

10

- J -

.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         77         OF         207           (check only one)         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Full Name (Last, First, Middle Initial) A. MR DAVID H OWEN 307				Date of Receipt
	Mailing Address 4208 OWEN RD SW			06 19 / Y Y Y Y Y
	City DALTON	State GA	Zip Code 30720	Transaction ID : SA11AI.42056 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
B	Full Name (Last, First, Middle Initial) MR DALE A OYHUS 586			Date of Receipt
Mailing Address 13973 FRANKS CREEK RD				04 30 _2014 _
	City MEDORA	State ND	Zip Code 58645	Transaction ID : SA11AI.42079 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer CATTLE RANCH	Occupation RANCHER		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name (Last, First, Middle Initial) MR DALE A OYHUS 586			Date of Receipt
	Mailing Address 13973 FRANKS CREEK RD			M M / D D / Y Y Y Y 06 06 2014
	City MEDORA	State ND	Zip Code 58645	Transaction ID : SA11AI.42080 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		
	CATTLE RANCH Receipt For:	Aggregate	Year-to-Date ▼	_
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			400.00

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 78 OF

207

	ZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
or for c	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.										
	IE OF COMMITTEE (In Full) DNSERVATIVE MAJORITY F	UND									
A. MS Maili City GRE FEC fede Nam NON	Name (Last, First, Middle Initial)         S PEGGY PALOMBO 707         ng Address 7031 BRYCE CANYON DR         EENWELL SPRINGS         ID number of contributing         ral political committee.         e of Employer         IE         eipt For:         Primary       General         Other (specify) ▼	State LA C Occupation HOMEMAK Aggregate		Date of Receipt							
B. MS Maili City POF FEC fede Nam	Name (Last, First, Middle Initial)         S JULIA E PARK 371         ng Address 105 MASON ST         APT D         RTLAND         ID number of contributing         ral political committee.         te of Employer         te         eipt For:         Primary       General         Other (specify) ▼	State TN C Occupation RETIRED Aggregate	Zip Code 37148 Year-to-Date ▼ 350.00	Date of Receipt							
C. MF Maili City AVII FEC fede Nam PAR	Name (Last, First, Middle Initial) R ROBERT PARRISH 467 ng Address 9300 E BASELINE RD LLA ID number of contributing ral political committee. le of Employer IRISH HOMES sipt For: Primary General Other (specify)	State IN C Occupation OWNER Aggregate	Zip Code 46710 Year-to-Date ▼ 300.00	Date of Receipt 04 10 2014 Transaction ID : SA11AI.42298 Amount of Each Receipt this Period 200.00							
SUBT	OTAL of Receipts This Page (optional)		•	600.00							

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         79         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR DOUGLAS R PAYNE 970			Date of Receipt
	Mailing Address 27695 SE SUNRAY DR			04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City BORING	State OR	Zip Code 97009	Transaction ID : SA11AI.42380
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
в.				Date of Receipt
	Mailing Address 66 BLACKSTAR PL	State	Zip Code	06 04 2014
	SPRING	TX	77382	Transaction ID : SA11AI.42504 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
С.	Full Name (Last, First, Middle Initial) MR EARL D PHILLIPS 829			Date of Receipt
	Mailing Address GENERAL DELIVERY 1568 COUNTY RD 103			M M / D D / Y Y Y Y Y 04 09 2014
	City EVANSTON	State WY	Zip Code 82930	Transaction ID : SA11AI.42654 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	-
	NONE	RETIRED		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
s	UBTOTAL of Receipts This Page (optional)			400.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 80 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR AQUILES PIETRI 926 Mailing Address 1850 WHITTIER AVE APT C209			Date of Receipt
	City COSTA MESA	State CA	Zip Code 92627	Transaction ID : SA11AI.42684 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer FANNIE MAE Receipt For:		E ANALYST	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
в.	Full Name (Last, First, Middle Initial) MR AQUILES PIETRI 926			Date of Receipt
	Mailing Address 1850 WHITTIER AVE APT C209 City	06 27 2014 Transaction ID : SA11AI.42686		
	COSTA MESA	State CA	Zip Code 92627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer FANNIE MAE	Occupation MORTGAG	E ANALYST	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR THOMAS POTTMEYER 911			Date of Receipt
	Mailing Address 903 S OAKLAND AVE		04 / D D / Y Y Y Y Y 2014	
	City PASADENA	State CA	Zip Code 91106	Transaction ID : SA11AI.42858           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			. 370.00

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

1 9 1 9 1 1 9 1 1 M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         81         OF         207           (check only one)						
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND								
Α.	Full Name (Last, First, Middle Initial) MR THOMAS POTTMEYER 911			Date of Receipt						
	Mailing Address 903 S OAKLAND AVE			06 30 2014						
	City PASADENA	State CA	Zip Code 91106	Transaction ID : SA11AI.42856						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer NONE	Occupation RETIRED								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00							
В.	Full Name (Last, First, Middle Initial) MR THOMAS POTTMEYER 911			Date of Receipt						
	Mailing Address 903 S OAKLAND AVE			06 / D D / Y Y Y Y Y 2014						
	City PASADENA	State CA	Zip Code 91106	Transaction ID : SA11AI.42857 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		150.00						
	Name of Employer NONE	Occupation RETIRED		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) MS MARTHA RAPIER 973			Date of Receipt						
	Mailing Address 8015 NW RIDGEWOOD DR			04 09 2014						
	City CORVALLIS	State OR	Zip Code 97330	Transaction ID : SA11AI.43110           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		200.00						
	Name of Employer	Occupation		-						
	NONE Receipt For:	RETIRED		_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
s	UBTOTAL of Receipts This Page (optional)			500.00						

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

PAGE 82 OF

207

		Use separate schedule(s)				(check only one)								
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b	110		12		17		
	v information copied from such Reports and for commercial purposes, other than using the				for the		pose c	of solici	ting c	contribu				
<u> </u>			duress of any political committee				JULIONS	ITOITI S		Jommit	lee.			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND												
	Full Name (Last, First, Middle Initial) MS VIVIAN G REDDY 062				Date o	of Re	eceipt							
I	Mailing Address 223 N SHORE RD				04 28 2014									
	City DAYVILLE	State CT	Zip Code 06241		Transaction ID : SA11AI.43194           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,				0.00			
	Name of Employer NONE	Occupation RETIRED												
Ī	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		220.00											
	Full Name (Last, First, Middle Initial) MS VIVIAN G REDDY 062	1			Date o	of Re	eceipt							
I	Mailing Address 223 N SHORE RD				05	/	2			y y 2014	Y			
	City	State	Zip Code		Trans	sact	ion ID	: SA11	AI.43	195				
-	DAYVILLE	СТ	06241		Amoun	nt of	Each	Receip	t this	Period	l			
	FEC ID number of contributing federal political committee.	С					7	,		40	0.00			
	Name of Employer NONE	Occupation RETIRED												
Ī	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		260.00											
	Full Name (Last, First, Middle Initial) MS VIVIAN G REDDY 062	1			Date o	of Re	eceipt							
I	Mailing Address 223 N SHORE RD				06	/	3			20 <u>1</u> 4	Y			
	City DAYVILLE	State CT	Zip Code 06241					: SA11 Receip						
	FEC ID number of contributing federal political committee.				7	, incorp			0.00					
1	Name of Employer	Occupation	I	_										
	NONE	RETIRED												
Ì	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		300.00											
รเ	JBTOTAL of Receipts This Page (optional)		•••••	<u> </u>			7	,		120	.00			

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

1 (j) 1 (j) 1 (i)

Im	age# 201602139008458408								
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the			eck on	NUMBEF	: PAGE	83 O	F 207
• •			Detailed Summary Page		✓ 11a 13	11b	11c	12	
	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	e name and a			for the	purpose c			
<b>A</b> .	Full Name (Last, First, Middle Initial) MR DAVID A REDMOND 454				Date o	f Receipt			
	Mailing Address 6852 OLDE GREENBRIER I		Zin Codo		04	14	1 L	y y 2014	Y
	City CENTERVILLE	State OH	Zip Code 45459				: SA11AI.4 Receipt thi		
	FEC ID number of contributing federal political committee.	C						300.	.00
	Name of Employer SOCIAL SECURITY ADMINISTRATION Receipt For:		IENT EMPLOYEE						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
В.	Full Name (Last, First, Middle Initial) MR WILLIAM T REYNOLDS 276 Mailing Address 2905 MARS ST				Date o	f Receipt		y y 2014	Y
	City RALEIGH	State NC	Zip Code 27604				: SA11AI.4 Receipt thi		
	FEC ID number of contributing federal political committee.	С						150.	00
	Name of Employer SELF EMPLOYED	Occupation WAREHOU	ISE OWNER						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
C.	Full Name (Last, First, Middle Initial) MS MARGOT A RIEGER 184				Date o	f Receipt			
	Mailing Address 880 LONG RIDGE RD	Otata	7. 0. 1.		м м 06	04	1	y y 2014	Y
	City HAWLEY	State PA	Zip Code 18428				: SA11AI.4 Receipt thi		
	FEC ID number of contributing federal political committee.	С						100	.00
	Name of Employer	Occupation	1						
	NONE Receipt For: Primary General Other (specific) -	Aggregate	Year-to-Date ▼ 250.00						
	Other (specify)		200.00						

SUBTOTAL of Receipts This Page (optional)				7				Ξ	550	).00	
TOTAL This Paried (last page this line number only)	Г				1			1			П
TOTAL This Period (last page this line number only)		1.1	-	. 7	-	-	- 7	1	1	e	terral la

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         84         OF         207           (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS LINDA J ROBERSON 782			Date of Receipt
	Mailing Address 909 GARRATY RD			05 / Y Y Y Y Y 05 19 2014
	City SAN ANTONIO	State TX	Zip Code 78209	Transaction ID : SA11AI.43609 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer CONVERSE LIONS CHARITIES INC	Occupation DIRECTOR		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
B	Full Name (Last, First, Middle Initial) MR JAMES RODEBAUGH 490			Date of Receipt
υ.	Mailing Address PO BOX 238			04 08 _2014 _
	City VERMONTVILLE	State MI	Zip Code 49096	Transaction ID : SA11AI.43729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED	I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) MR JOHN W ROGERS 641			Date of Receipt
	Mailing Address 121 W 48TH ST APT 308			04 01 / Y Y Y Y Y 04 01 2014
	City KANSAS CITY	State MO	Zip Code 64112	Transaction ID : SA11AI.43773 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation	1	
	NONE Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			400.00

FEC Schedule A (Form 3X) Rev. 02/2003

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         85         OF         207           (check only one)
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR JOHN C ROSE 956			Date of Receipt
	Mailing Address 3470 SHERWOOD CT			05 21 Y Y Y Y 05 21 2014
	City LOOMIS	State CA	Zip Code 95650	Transaction ID : SA11AI.43863           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer ROSE & ROSE LLP	Occupation ACCOUNT		
	Rose & Rose LLP Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 325.00	
в.	Full Name (Last, First, Middle Initial) MS ANN R ROSS 370 Mailing Address 358 PEARTREE DR			Date of Receipt
	City CLARKSVILLE	State TN	Zip Code 37043	04     11     2014       Transaction ID : SA11AI.43878       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation RETIRED		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
c.	Full Name (Last, First, Middle Initial)         MS ANN R ROSS 370         Mailing Address 358 PEARTREE DR			Date of Receipt
	City CLARKSVILLE	State TN	Zip Code 37043	06     02     2014       Transaction ID : SA11AI.43877       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Г				500.00

I	SUBTOTAL of Receipts This Page (optional)	L	-	_	7	_	 - 7	_		0.00	
ł						-			-		1
I	TOTAL This Period (last page this line number only)	L			7		 7				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 86 OF

207

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		
Primary     General       Other (specify) ▼		Date of Receipt
Poppint For:	Zip Code 33458 on M MANAGER e Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MS MARY B RYSER 234         Mailing Address PO BOX 476         City       State         MELFA       VA         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         NONE       RETIRED         Receipt For:       Aggregat         Other (specify)		Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	700.00

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

10

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 87 OF

207

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name (Last, First, Middle Initial)         MR ALEXANDER SALAMON 432         Mailing Address 5292 PREDMORE PL         City         COLUMBUS         FEC ID number of contributing federal political committee.         Name of Employer         SELF EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occupation CPA Aggregate	Zip Code 43230 Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. MR MANUEL G SANCHEZ 038 Mailing Address PO BOX 910			Date of Receipt
City NEWFIELDS FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED	State NH Occupation DOCTOR	Zip Code 03856	Transaction ID : SA11AI.44134         Amount of Each Receipt this Period         50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) MR MANUEL G SANCHEZ 038 Mailing Address PO BOX 910			Date of Receipt
City NEWFIELDS	State NH	Zip Code 03856	Transaction ID : SA11AI.44135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	Occupation DOCTOR Aggregate	Year-to-Date ▼ 350.00	]
SUBTOTAL of Receipts This Page (optional)			400.00

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

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		che	LINE ck only 11a 13	-			PAGE 11c 15		38 OI 12 16	F 2
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contri or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com												

Full Name (Last, First, Middle Initial) MR MANUEL G SANCHEZ 038	Date of Receipt						
Mailing Address PO BOX 910		06 09 2014					
City	State Zip Code	Transaction ID : SA11AI.44133					
NEWFIELDS	NH 03856	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation						
SELF EMPLOYED	DOCTOR						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial) . MR JAMES R SANDBERG 69	3	Date of Receipt					
Mailing Address 210198 FLORAL ST		0.4 10 / Y Y Y Y Y 0.4 10 2014					
City	State Zip Code	Transaction ID : SA11AI.44148					
GERING	NE 69341	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer SANDBERG FARMS	Occupation FARMER	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00						
Full Name (Last, First, Middle Initial) . MS JANET B SANDERS 637	1	Date of Receipt					
Mailing Address 40 CONWAY CLOSE		04 25 _2014 _					
City	State Zip Code	Transaction ID : SA11AI.44163					
SAINT LOUIS	MO 63124	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	40.00					
Name of Employer	Occupation	1					
NONE	Retired						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00						

207

17

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 89 OF

207

	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12						
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F														
Α.	Full Name (Last, First, Middle Initial) MS JANET B SANDERS 631 Mailing Address 40 CONWAY CLOSE RD				Date c		eceipt 26		y y 2014	Ŷ					
	City SAINT LOUIS	State MO	Zip Code 63124	Transaction ID : SA11AI.44164 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		40.00											
	Name of Employer	Occupation													
	NONE	Retired													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		280.00	11.											
	Other (specify)		1 1												
в.	Full Name (Last, First, Middle Initial) 3. MS JANET B SANDERS 631					of Re	eceipt								
	Mailing Address 40 CONWAY CLOSE RD						28		2014	Y					
	City	State	Zip Code		Trans	sacti	ion ID :	: SA11AI.	44165						
	SAINT LOUIS	MO	63124	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			100.00										
	Name of Employer NONE	Occupation													
	-	Retired		_											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	]											
с.	Full Name (Last, First, Middle Initial) MS JANET B SANDERS 631				Date c	of Re	eceipt								
	Mailing Address 40 CONWAY CLOSE RD				м и 06	/	D 19		ү ү 2014	Y					
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	.44161						
	SAINT LOUIS	MO	63124		Amour	nt of	Each I	Receipt th	nis Perioc	k					
	FEC ID number of contributing federal political committee.	S C								0.00					
Name of Employer NONE		Occupation													
		Retired													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)	L	280.00												
5	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	7	40	0.00					

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

\_\_\_\_\_\_

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

PAGE 90 OF

207

		Use separate schedule(s) for each category of the				(check only one)											
ITEMIZED RECEIPTS			<b>K</b> 11a		11b	1	1c		12								
	<b></b>	Detailed Summary Page		13		14		5		16	17						
Any information copied from such Reports and or for commercial purposes, other than using the																	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND																
Full Name (Last, First, Middle Initial) MS JANET B SANDERS 631	MS JANÈT B SANDERS 631						Date of Receipt										
Mailing Address 40 CONWAY CLOSE RD			06 / 25 / 2014														
City SAINT LOUIS	State MO	Zip Code 63124	Transaction ID : SA11AI.44162         Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	С					,		<u>у</u>		40.0	00						
Name of Employer NONE	Occupation Retired	1															
Receipt For:	Aggregate	Year-to-Date ▼															
Primary General Other (specify) ▼		320.00															
Full Name (Last, First, Middle Initial) B. MR FRANKIE SCHIERMAN 988	1			Date of	f Re	ceipt											
Mailing Address 5303 PAINTED HILLS RD	04 / D D / Y Y Y Y 04 16 2014																
City EPHRATA	State WA	Zip Code 98823		Trans													
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Per							125.0	0						
Name of Employer NONE	Occupation RETIRED																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00															
Full Name (Last, First, Middle Initial) C. MR GREG SCHNAUTZ 786				Date of	f Re	ceipt											
Mailing Address 760 BYLERPOOL RD				м – м 05	/	20		Y	201	Y 7	Y						
City KINGSBURY	State TX	Zip Code 78638				on ID	: SA1		4433	4							
FEC ID number of contributing federal political committee.	С					7		7	Ξ	50.0	00						
Name of Employer	Occupation	I															
NONE Receipt For:	RETIRED																
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00															
SUBTOTAL of Receipts This Page (optional)		•	 -			,		7	_	215.0	0						

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

FEC Schedule A (Form 3X) Rev. 02/2003

10

.

SCHEDULE A (FEC Form 3X)	ſ
ITEMIZED RECEIPTS	

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

(check only one)

PAGE 91 OF

207

••			Detailed Summary Page		<b>(</b> 11a		11b	11c		12										
_					13		14	15		16	17	,								
	y information copied from such Reports and s for commercial purposes, other than using th																			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND																		
<u> </u>	Full Name (Last, First, Middle Initial) MR ALFRED A SCHROEDER 782				Date o	f Re	eceipt													
	Mailing Address 2811 WHISPER FAWN ST				05	/	30			014	Y									
	City	State	Zip Code	Transaction ID : SA11AI.44395																
	SAN ANTONIO	ТΧ	78230	Amount of Each Receipt this Period																
	FEC ID number of contributing federal political committee.	C					л. Т			200.	.00									
	Name of Employer	Occupation	1																	
	SHROEDER AMERICA INC	SELF EMP	LOYED																	
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General			11.																
	Other (specify)		300.00																	
в.	Full Name (Last, First, Middle Initial) MR DAVID SHEA 334				Date o	of Re	eceipt													
	Mailing Address 17813 133RD WAY N						04 30 / Y Y Y Y 2014													
	City									Transaction ID : SA11AI.44659										
	JUPITER	FL	33478		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С					7	7		150.	00									
	Name of Employer DCS VENTURES INC	Occupation OWNER																		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00																	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR JAMES R SHIPP 377	L			Date o	of Re	eceipt													
	Mailing Address 1309 SEAGULL LN				Date of Receipt 06 12 2014															
	City	State	Zip Code		Trans	sac	tion ID :	SA11AI	.447	29										
	DANDRIDGE	TN	37725		Amoun	it of	Each F	Receipt th	nis F	'eriod										
	FEC ID number of contributing federal political committee.	С					<b>y</b>	7		100	.00									
	Name of Employer	Occupation	1																	
	LINCARE LLC	RESPITOR	Y THERAPIST																	
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General Other (specify) ▼		275.00	1																
s	UBTOTAL of Receipts This Page (optional)			•						450.	00	Ī								

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

1 9 1 9 1 1 9 1 1 M

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 92 OF

207

TIEMIZED RECEIPTS		X         11a         11b         11c         12           13         14         15         16         17	
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJOF	RITY FUND		
A. MR JAMES R SHIPP 377 Mailing Address 1309 SEAGULL LN City DANDRIDGE FEC ID number of contributing federal political committee. Name of Employer LINCARE LLC Receipt For: Primary General Other (specify) ▼	State TN C Occupation RESPITORY Aggregate Y	Zip Code 37725 THERAPIST ear-to-Date ▼ 350.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. HLSIKES 769         Mailing Address 5226 BEVERLY DR         City         SAN ANGELO         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation Retired Aggregate Y	Zip Code 76904 ear-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       MRS JACKIE SIMON 656         Mailing Address 18 HICKORY HEIGH         City         GREENFIELD         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State MO C Occupation	Zip Code 65661 ear-to-Date ▼ -5.00	Date of Receipt
SUBTOTAL of Receipts This Page (opt	ional)		170.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)         PAGE         93         OF         207           X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MRS JACKIE SIMON 656			Date of Receipt
	Mailing Address 18 HICKORY HEIGHTS RD			M M / D D / Y Y Y Y 04 03 2014
	City GREENFIELD	State MO	Zip Code 65661	Transaction ID : SA11AI.44889
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -10.00	
В.	Full Name (Last, First, Middle Initial) MRS BRENDA SLUYTER 939 Mailing Address 25850 N MESA DR			Date of Receipt
	City CARMEL	State CA	Zip Code 93923	04     16     2014       Transaction ID : SA11AI.45000       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation RETIRED	I	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name (Last, First, Middle Initial) MR BLAINE E SMITH 261			Date of Receipt
	Mailing Address 1529 TYLER HWY			04 24 2014
	City SISTERSVILLE	State WV	Zip Code 26175	Transaction ID : SA11AI.45036           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer	Occupation	I	
	NONE Receipt For:	RETIRED		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]
s	UBTOTAL of Receipts This Page (optional)			370.00

		7		7			
		 	 			1	
TOTAL This Period (last page this line number only)		 - 7	 	- 7 -	_	_	

m	age# 201602139006456419											
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE S (check only one)							
			Detailed Summary Page		11a	11b	11c	12	_			
	ny information copied from such Reports and											
no	for commercial purposes, other than using the	e name and a	address of any political committe	e to so	olicit co	ntributions fr	om such	committe	e.			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	UND										
Α.	Full Name (Last, First, Middle Initial) MR GORDON E SMITH 522				Date o	f Receipt						
	Mailing Address 2369 335TH ST				м м 06	/ D D D 06	/ Y	2014	Y			
	City	State	Zip Code		Trans	saction ID :	SA11AI.4					
	HOPKINTON	IA	52237		Amoun	t of Each Re	eceipt this	3 Period				
	FEC ID number of contributing federal political committee.	С					- 7	50.0	00			
	Name of Employer	Occupation	1	_								
	NONE	Retired										
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		225.00									
В.	Full Name (Last, First, Middle Initial) MS HELEN W SMITH 631				Date o	f Receipt						
	Mailing Address PO BOX 221051				м м 05	/ D D 28	/ Y	y y 2014	Y			
	City	State	Zip Code		Trans	action ID : S	SA11AI.4	5116				
	SAINT LOUIS	MO	63122		Amoun	t of Each Re	eceipt this	3 Period				
	FEC ID number of contributing federal political committee.	С					- 7	250.0	00			
	Name of Employer	Occupation	n									
	NONE	RETIRED										
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Other (specify) V		, 700.00									
c.	Full Name (Last, First, Middle Initial) MS HELEN W SMITH 631				Date o	f Receipt						
	Mailing Address PO BOX 221051	-			<sup>M</sup> M	/ D D 11	/ Y	у у 2014	Y			
	City SAINT LOUIS	State MO	Zip Code 63122	_		saction ID :						
		Mio	03122	- '	Amoun	t of Each Re	eceipt this	3 Period	_			
	FEC ID number of contributing federal political committee.	С					7	200.0	00			
	Name of Employer	Occupation	1									
	NONE	RETIRED										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		900.00									

SUBTOTAL of Receipts This Page (optional)			7		7	_	50	00.00	)
		1.1		 		-	-	1.1	
TOTAL This Period (last page this line number only)	L		 7	 	7	_	_		

## Image# 201602139008458420

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         95         OF         207           (check only one)         I1a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND		
Α.	Full Name (Last, First, Middle Initial) MR CONLEY SMITH 802			Date of Receipt
	Mailing Address 325 VINE ST			06 19 2014
	City DENVER	State CO	Zip Code 80206	Transaction ID : SA11AI.45161 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer CP SMITH OPERATING CO	Occupation PRINCIPAL		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	]
В.	Full Name (Last, First, Middle Initial) MR PHILIP T SMITH 804			Date of Receipt
	Mailing Address PO BOX 146			05 30 2014
	City	State	Zip Code	Transaction ID : SA11AI.45162
	JAMESTOWN	CO	80455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General Other (specify) ▼		300.00	]
C.	Full Name (Last, First, Middle Initial) MR STEVEN D SMITH 816			Date of Receipt
	Mailing Address 62 COUNTY ROAD 212			06 18 2014
	City CRAIG	State CO	Zip Code 81625	Transaction ID : SA11AI.45170 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		
	NONE	Retired		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	]
		1		

SUBTOTAL of Receipts This Page (optional)	L			7		7	60	0.00	0
TOTAL This Period (last page this line number only)	Γ	Į.	i.						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 96 OF

207

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	' FUND								
Full Name (Last, First, Middle Initial) MR MERRILL E SMITH 882 Mailing Address 1810 MOUNTAIN SHADO City CARLSBAD FEC ID number of contributing federal political committee. Name of Employer NONE	W DR State NM C Occupation RETIRED	Zip Code 88220	[		/ sactio	28 n ID :	SA11AI.	nis Perioc	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
Full Name (Last, First, Middle Initial)         MS RUTH G SPANN 333         Mailing Address 7212 E TROPICAL WAY         City         PLANTATION         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation Aggregate	Zip Code 33317 Year-to-Date ▼ -50.00	[		action	27 n ID :	SA11AI.	nis Perioc	y J J.00
Full Name (Last, First, Middle Initial)         MR JEFFREY STEINKAMP 05         Mailing Address PO BOX 98         City         ROCHESTER         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	State VT C Occupation RETIRED	Zip Code 05767 Year-to-Date ▼ 550.00	[		/ sactio	16 10	SA11AI.	nis Perioc	_
SUBTOTAL of Receipts This Page (optional)								800	).00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 97 OF

207

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		13     14     15     16     17       person for the purpose of soliciting contributions       tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F		
Full Name (Last, First, Middle Initial)         MS SARAH T STEPHENSON 068         Mailing Address 114 W LYON FARM DR         City         GREENWICH         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	State       Zip Code         CT       06831         C       Occupation         HOMEMAKER       Aggregate Year-to-Date ▼         220.00	Date of Receipt 06 05 2014 Transaction ID : SA11AI.45580 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial)         MR BRUCE W STEVENS 189         Mailing Address 418 WASHINGTON AVE         City         NEWTOWN         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         PA       18940         C       Occupation         RETIRED       Aggregate Year-to-Date ▼         300.00       300.00	Date of Receipt 06 06 2014 Transaction ID : SA11AI.45607 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial)         MRS BETTY M STEWART 688         Mailing Address 3990 W CAPITAL AVE         APT 108         City         GRAND ISLAND         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NE     68803       C     Occupation       Aggregate Year-to-Date ▼	Date of Receipt 04 08 2014 Transaction ID : SA11AI.45657 Amount of Each Receipt this Period -25.00
SUBTOTAL of Receipts This Page (optional)		▶ 375.00

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

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         98         OF           (check only one)         11a         11b         11c         12           13         14         15         16         16
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORIT	Y FUND		
A. Full Name (Last, First, Middle Initial) MRS NANCY L STOOPS 627 Mailing Address 2801 BRANDYWINE RD			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.45735
SPRINGFIELD	IL	62704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation		—
NONE	RETIRED		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	

## Full Name (Last, First, Middle Initial) B. MS ADA STRASENBURGH 082

Β.	MS ADA STRASENBURGH 082		Date of Receipt
	Mailing Address PO BOX 608		M = M / D = D / Y = Y = Y = Y 04 11 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.45779
	OCEAN VIEW	NJ 08230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer NONE	Occupation RETIRED	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
С.			Date of Receipt
	Mailing Address PO BOX 608		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID : SA11AI.45778
	OCEAN VIEW	NJ 08230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	NONE	RETIRED	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
$\vdash$		only)	350.00

207

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 99 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) MR GENE STRATE 836 Mailing Address 214 E PINE AVE			Date of Receipt
City MERIDIAN	State ID	Zip Code 83642	06     17     2014       Transaction ID : SA11AI.45780       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer STRATE INVESTMENTS	Occupation INVESTOR		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
B. Full Name (Last, First, Middle Initial) MS KATHLEEN D SULLIVAN 38 Mailing Address 1944 CLARINGTON DR	31		Date of Receipt
City GERMANTOWN	State TN	Zip Code 38138	U4         14         2014           Transaction ID : SA11AI.45871         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer NONE	Occupation HOMEMAK	ER	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	]
Full Name (Last, First, Middle Initial) C. MRS SANDRA L SUZAN 548			Date of Receipt
Mailing Address 2920 N SWEDE RD			M         M         /         D         /         Y
City RADISSON	State WI	Zip Code 54867	Transaction ID : SA11AI.45920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional	l)		1150.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 100 OF 207           (check only one)         11a           X         11a           13         14           15         16           17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MRS EDNA M SWARTZ 441 Mailing Address 6420 AYLESWORTH DR			Date of Receipt
				04 08 _ 2014 _
	City CLEVELAND	State OH	Zip Code 44130	Transaction ID : SA11AI.45947 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-40.00
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ -10.00	
В.	Full Name (Last, First, Middle Initial) MR DAVID TATGE 917			Date of Receipt
	Mailing Address 4591 BRINEY POINT ST			06 02 2014
	City	State	Zip Code	Transaction ID : SA11AI.46063
	LA VERNE FEC ID number of contributing federal political committee.	CA	91750	Amount of Each Receipt this Period
	Name of Employer DANCO ANODIZING	Occupation BUSINESS		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MR DANIEL D TAYLOR 853			Date of Receipt
	Mailing Address 4732 N BROOKVIEW TER			06 / Y Y Y Y 06 13 2014
	City LITCHFIELD PARK	State AZ	Zip Code 85340	Transaction ID : SA11AI.46090 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	-
	NONE Receipt For:	RETIRED		_
	Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	. 360.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)	
ITEMIZED REC	EIPTS	;		

FOR LINE NUMBER:

(check only one)

PAGE 101 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND									
Α.	Full Name (Last, First, Middle Initial) MS LINDA L TAYLOR 900 Mailing Address 2505 N BEACHWOOD DR AF	PT 4		Date of Receipt							
	City LOS ANGELES FEC ID number of contributing	State CA	Zip Code 90068	Transaction ID : SA11AI.46096       Amount of Each Receipt this Period       100.00							
	federal political committee.  Name of Employer  TROUBADOUR THEATER CO  Receipt For:  Primary General Other (specify) ▼	Occupation MUSICIAN	Year-to-Date ▼ 250.00								
В.	Full Name (Last, First, Middle Initial) MR FRED T THOMASSON 287 Mailing Address 82 APPIAN WAY City	State	Zip Code	Date of Receipt							
	ARDEN         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	NC C Occupation RETIRED	28704	Transaction ID : SA11AI.46246         Amount of Each Receipt this Period         225.00							
с.	Full Name (Last, First, Middle Initial)         MR CHARLES K THOMPSON 25         Mailing Address PO BOX 477         City         CRAB ORCHARD         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	State WV C Occupation RETIRED	Zip Code 25827 Year-to-Date ▼ 300.00	Date of Receipt 06 19 2014 Transaction ID : SA11AI.46254 Amount of Each Receipt this Period 200.00							
				525.00							

SUBTOTAL of Receipts This Page (optional)									5	25.0	0	
	1			-	7		- 7					۰.
	-E				11	 		1				Т.
TOTAL This Period (last page this line number only)	L			_	7		7					J.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 102 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		1b 4	11c	12	17				
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpo	ose o	f soliciting	g contribu	itions				
Full Name (Last, First, Middle Initial) A. MR CHARLES K THOMPSON 258 Mailing Address PO BOX 477		7-0-1-		Date o M M	1	24		ү ү 2014	Y				
City CRAB ORCHARD	State WV	Zip Code 25827					: SA11AI.						
FEC ID number of contributing federal political committee.	C			Amoun	t of E	ach I	Receipt tr	nis Period 100	).00				
Name of Employer NONE	Occupation RETIRED												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]										
B. Full Name (Last, First, Middle Initial) MR TONY THOMPSON 365 Mailing Address 28630 JOSEPHINE DR				Date o M M	f Rece	D		YYY	Y				
City	City State Zip Code							2014					
ELBERTA	AL	36530	A	Transaction ID : SA11AI.46261 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C						0.00						
Name of Employer SELF EMPLOYED	Occupation SALESMAN												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
Full Name (Last, First, Middle Initial) C. MS SHIRLEY N THOMPSON 9	)22			Date o	f Rece	eipt							
Mailing Address 39905 VIA SCENA UNIT 149	Mailing Address 39905 VIA SCENA UNIT 149						05 29 2014						
City PALM DESERT	State CA	Zip Code 92260	<i>F</i>				: SA11AI Receipt th	<b>.46286</b> nis Period					
FEC ID number of contributing federal political committee.	S S S S S S S S S S S S S S S S S S S							100	0.00				
Name of Employer NONE	Occupation RETIRED												
Receipt For:		Year-to-Date ▼	$\neg$										
Other (specify) ▼		300.00	1										
SUBTOTAL of Receipts This Page (optional)								350	.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 103 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	17					
Any information copied from such Reports and s or for commercial purposes, other than using the				or the		rpose (	of solicitin	ig contrib	utions					
	FUND	· · ·												
A. Full Name (Last, First, Middle Initial) MS SHIRLEY N THOMPSON 922 Mailing Address 39905 VIA SCENA UNIT 149 City PALM DESERT	State CA	Zip Code 92260		Date of Receipt 05 / 29 / 2014 Transaction ID : SA11AI.46287										
FEC ID number of contributing federal political committee.	C		/	Amount of Each Receipt this Per					Period 100.00					
NONE Receipt For: Primary General Other (specify)	RETIRED	Year-to-Date ▼ 400.00	]											
B. Hull Name (Last, First, Middle Initial) MS CHARLOTTE R THURSTON 3 Mailing Address 185 ROCK SPRINGS RD	70			Date of Receipt				Ý						
	State TN	Zip Code		Transaction ID : SA11AI.46324										
CASTALIAN SPRINGS FEC ID number of contributing federal political committee. Name of Employer	Occupation	37031		Amount of Each Receipt this Period										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ -100.00	]											
Full Name (Last, First, Middle Initial) C. MS CHARLOTTE R THURSTON Mailing Address 185 ROCK SPRINGS RD	370			Date c		eceipt		Y Y Y	Ŷ					
City CASTALIAN SPRINGS	State TN	Zip Code 37031		04 Tran	sac	1 tion ID	0 : <b>SA11A</b> Receipt t	2014 <b>I.46325</b>						
FEC ID number of contributing federal political committee.	С			Amour		1 Each			0.00					
Name of Employer	Occupation	1												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ -200.00	]											
SUBTOTAL of Receipts This Page (optional)					l	3		-10	0.00					

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

1 9 1 9 1 1 9 1 1 M

Imag	ge# 201602139008458429			
	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 104 OF 207           (check only one)         11a           X         11a           13         14           15         16
Any or f	/ information copied from such Reports and s for commercial purposes, other than using the	Statements m e name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY I	FUND		
	Full Name (Last, First, Middle Initial) MS CHARLOTTE R THURSTON 37(	)		Date of Receipt
_	Mailing Address 185 ROCK SPRINGS RD			M M / D D / Y Y Y Y Y 04 10 2014
	City CASTALIAN SPRINGS	State TN	Zip Code 37031	Transaction ID : SA11AI.46326 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-100.00
1	Name of Employer	Occupatior	1	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -300.00	
B.	Full Name (Last, First, Middle Initial) MR GERALD TIERNEY 152 Mailing Address 127 MAIN ENTRANCE DR			Date of Receipt
	City PITTSBURGH	State PA	Zip Code 15228	Transaction ID : SA11AI.46342 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer NONE	Occupatior RETIRED	1	
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) TINA M TILLMAN 349			Date of Receipt
_	Mailing Address 5518 SE SCHOONER OAKS	WAY		05 28 2014
	City STUART	State FL	Zip Code 34997	Transaction ID : SA11AI.46357 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
_	SELF EMPLOYED Receipt For:	INVENTOR		_
I	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	Γ								10	0.00	)
	ř	Ť	Ŧ	7	Ť	÷	7	÷	÷	-	-
TOTAL This Period (last page this line number only)	1.			- 7			- 7				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 105 OF 207           (check only one)         11a           11a         11b           13         14           15         16           17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS NANCY P TIMMER 786			Date of Receipt
	Mailing Address 249 SUNDAY CIR			04 07 Y Y Y Y Y 04 07 2014
	City FREDERICKSBRG	State TX	Zip Code 78624	Transaction ID : SA11AI.46361 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) MR HARRY T TULLY 960			Date of Receipt
	Mailing Address 4480 BRITTANY DR			06 19 2014
	City REDDING	State CA	Zip Code 96002	Transaction ID : SA11AI.46583 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer SELF EMPLOYED	Occupation ANESTHES		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
с.	Full Name (Last, First, Middle Initial) MS GLYNDA TUNNELL 797			Date of Receipt
	Mailing Address 2965 COUNTY ROAD C3100			06 11 2014
	City STANTON	State TX	Zip Code 79782	Transaction ID : SA11AI.46587 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	
	SELF EMPLOYED	FARMERS	INSURANCE	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
s	UBTOTAL of Receipts This Page (optional)			320.00

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

## Image# 201602139008458431

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 106 OF

207

			Use separate schedule(s)	(c	(check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		11b 14		11c 15	$\vdash$	12 16	17	
	ny information copied from such Reports and S for commercial purposes, other than using the				n for the		oose o	f soli	citing	, con	tributi	ons	
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F												
Α.	Full Name (Last, First, Middle Initial) MS VON M ULLMAN 577				Date of Receipt								
	Mailing Address 12944 199TH ST												
	City VALE	State Zip Code SD 57788			Transaction ID : SA11AI.46662 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			Amoun			nece	יז דין		150.0	00	
	Name of Employer NONE	Occupation RETIRED											
	Receipt For:	Aggregate	Year-to-Date ▼ 300.00										
В.	Full Name (Last, First, Middle Initial) MS FRANCES V VALDER 972				Date o	f Re	ceipt						
	Mailing Address 15415 NE SUMMERPLACE DR				м м 06	/	D 24	D /	Y	201	ү 14	Y	
	City PORTLAND	State OR	Zip Code 97230	_	Trans Amoun		on ID : Each I						
	FEC ID number of contributing federal political committee.	С					,		7		50.0	00	
	Name of Employer NONE	Occupation RETIRED											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	).00									
<u> </u>	Full Name (Last, First, Middle Initial) MRS JAN B VANDENBERG 977				Date o	f Re	ceipt						
	Mailing Address 61951 KILDONAN CT				м м 05	/	26		Y	20 <sup>2</sup>	ү 14	Y	
	City BEND	State OR	Zip Code 97702		Trans Amoun		<mark>ion ID</mark> Each I						
	FEC ID number of contributing federal political committee.	С		200.00				00					
	Name of Employer NONE	Occupation RETIRED											
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
s	UBTOTAL of Receipts This Page (optional)			 •			7		7	_	400.0	0	

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 107 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND					
✓       Full Name (Last, First, Middle Initial)         A.       MR HARLAN VANWINKLE 765         Mailing Address PO BOX 941         City         SALADO         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	State TX C Occupation RETIRED Aggregate	Zip Code 76571 Year-to-Date ▼ 300.00	Date of Receipt			
Full Name (Last, First, Middle Initial) B. MRS SANDRA L VEROLA 120 Mailing Address 31 REDWOOD DR City	Date of Receipt 04 / 07 / 2014 Transaction ID : SA11AI.46854					
BALLSTON LAKE         FEC ID number of contributing federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify) ▼	NY C Occupation HOMEMAK Aggregate		Amount of Each Receipt this Period			
Full Name (Last, First, Middle Initial)         MR ARTHUR E VIENOLA 934         Mailing Address       1301 SAN MIGUELITO RD         City         LOMPOC         FEC ID number of contributing         federal political committee.         Name of Employer         NONE         Receipt For:         Primary       General         Other (specify)	State CA C Occupation RETIRED Aggregate	Zip Code 93436 Year-to-Date ▼ 300.00	Date of Receipt			
SUBTOTAL of Receipts This Page (optional)			550.00			

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 108 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJ	ORITY FUND						
Full Name (Last, First, Middle Init         A.       MR DAVID M WAGNER 10         Mailing Address 130 N MAIN ST         STE 202         City         NEW CITY         FEC ID number of contributing federal political committee.         Name of Employer         LIEBER BROTHERS INC         Receipt For:         Primary       General         Other (specify) ▼	9 State NY C Occupation SENIOR A	Zip Code 10956 CCOUNT SPECIALIST Year-to-Date ▼ 400.00	Date of Receipt 05 14 2014 Transaction ID : SA11AI.46998 Amount of Each Receipt this Period 200.00				
Full Name (Last, First, Middle Init <b>B.</b> MRS WILLOE M WALDRO Mailing Address 432 S 23RD PL City	Date of Receipt						
CLINTON	State OK	Zip Code 73601	Transaction ID : SA11AI.47049           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer NONE	Occupation RETIRED	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]				
Full Name (Last, First, Middle Init C. MR EARL B WALKER 0	Date of Receipt						
Mailing Address PO BOX 104	06 17 Y Y Y Y Y 2014						
City SOUTHPORT	State ME	Zip Code 04576	Transaction ID : SA11AI.47053 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer NONE							
Receipt For: Primary General Other (specify) ▼	RETIRED       Aggregate	Year-to-Date ▼ 275.00	]				
SUBTOTAL of Receipts This Page	(optional)		550.00				

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 109 OF 207           (check only one)         11a           X         11a           13         14           15         16           17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR ROBERT H WALKER 370			Date of Receipt
	Mailing Address 411 FOREST ST			06 27 2014
	City LEWISBURG	State TN	Zip Code 37091	Transaction ID : SA11AI.47061 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation RETIRED Aggregate	Year-to-Date ▼ 300.00	1
в.	Full Name (Last, First, Middle Initial) MS CRYSTAL S WASLEY 285 Mailing Address PO BOX 142			Date of Receipt
	City GLOUCESTER FEC ID number of contributing	State NC	Zip Code 28528	04     21     2014       Transaction ID : SA11AI.47218       Amount of Each Receipt this Period       300.00
	federal political committee. Name of Employer NONE	Occupation RETIRED	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
<u>с</u> .	Full Name (Last, First, Middle Initial) GURDON B WATTLES 028			Date of Receipt
	Mailing Address 43 ROCKBRIDGE DR			04 30 2014
	City LITTLE COMPTON	State RI	Zip Code 02837	Transaction ID : SA11AI.47260           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation	1	
	NONE Receipt For:	RETIRED Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) v	, iggrogate	300.00	]
s	UBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 110 OF

207

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR ROBERT WEISENBARGER 453 Mailing Address 9 SEMINOLE LN			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.47375
	ARCANUM	OH	45304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-5.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -5.00	
в.	Full Name (Last, First, Middle Initial) MS JACQUELINE M WEITZ 520			Date of Receipt
	Mailing Address 1001 ASSISI DR APT 302			04 02 2014
	City	State IA	Zip Code	Transaction ID : SA11AI.47386
	DUBUQUE	IA	52001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MS SANDRA K WERNER 978			Date of Receipt
	Mailing Address 880 W JOHNS AVE			04 24 2014
	City HERMISTON	State OR	Zip Code 97838	Transaction ID : SA11AI.47445 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation		-
	NONE	RETIRED		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			295.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 111 OF 207           (check only one)         11a           X         11a           13         14           15         16
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name (Last, First, Middle Initial) A. MR PRESTON G WOOD 088			Date of Receipt
Mailing Address 11 LANDSDOWN RD			04 07 _ 2014 _
City ANNANDALE	State NJ	Zip Code 08801	Transaction ID : SA11AI.48004           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer NONE	Occupation RETIRED		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) B. MR PRESTON G WOOD 088			Date of Receipt
Mailing Address 11 LANDSDOWN RD			M = M         /         D = D         /         Y = Y = Y = Y         Y           06         03         2014
City	State	Zip Code	Transaction ID : SA11AI.48005
ANNANDALE FEC ID number of contributing federal political committee.	NJ C	08801	Amount of Each Receipt this Period
Name of Employer NONE	Occupation RETIRED		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]
Full Name (Last, First, Middle Initial) C. MR DENNIS WURZELBACHER	452		Date of Receipt
Mailing Address 3561 W KEMPER RD			06 03 2014
City CINCINNATI	State OH	Zip Code 45251	Transaction ID : SA11AI.48117 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer FALLS BUS SERVICE	Occupation PRESIDEN	т	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
SUBTOTAL of Receipts This Page (optional)			350.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 112 OF

207

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) CONSERVATIVE MAJORIT	Y FUND		
Full Name (Last, First, Middle Initial) A. MR DENNIS WURZELBACHER 4	52		Date of Receipt
Mailing Address 3561 W KEMPER RD			06 13 2014
City CINCINNATI	State OH	Zip Code 45251	Transaction ID : SA11AI.48118
	OIT	40201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer	Occupation		
FALLS BUS SERVICE	PRESIDEN	Т	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		350.00	1
		7	4
Full Name (Last, First, Middle Initial) B. MS ANGELA B YALAMANCHILI	770		Date of Receipt
Mailing Address 11204 CYPRESS CT			06 09 2014
City	State	Zip Code	Transaction ID : SA11AI.48135
HOUSTON	ТХ	77065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer	Occupation		_
C&C INVESTMENTS	FINANCIAL	ADVISOR	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary     General       Other (specify) ▼		250.00	]
Full Name (Last, First, Middle Initial) C. MR CRAIG THOMAS YATES	949		Date of Receipt
Mailing Address 1004 LOS GAMOS RD APT E			M M / D D / Y Y Y Y Y 05 22 2014
City SAN RAFAEL	State CA	Zip Code 94903	Transaction ID : SA11AI.48152 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer	Occupation		
SELF EMPLOYED			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	I)	/) · · · /) · · · //	550.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 113 OF 207           (check only one)         I1a           X         11a           13         14           15         16
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MS CHRISTY E ZIEGLER 231			Date of Receipt
	Mailing Address 10136 LYNNHILL CT			04 30 2014
	City MECHANICSVLLE	State VA	Zip Code 23116	Transaction ID : SA11AI.48281 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer NONE	Occupation HOMEMAK		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			200.00

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

- J

 55920.00

SCHEDULE A (FEC	Form 3X)
ITEMIZED RECEIPTS	6

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

Г  (check only one)

 PAGE 114 OF

207

			Detailed Summary Page	e	11a 13		11b 14	11c	12	<b>X</b> 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by a ddress of any political com	any persor	for the	purp	ose of	soliciting	contrib	outions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU									
Α.	Full Name (Last, First, Middle Initial) CONSERVATIVE MAJORITY FUND				Date of	f Rec	ceipt			
	Mailing Address 2776 S ARLINGTON MILL DR				м м 06	/	30	/ Y	ү ү 2014	
	City ARLINGTON	State VA	Zip Code 22206	_			-	SA17.48		
	FEC ID number of contributing federal political committee.		)524454		Amount	t of E	±ach R	eceipt th		d 1.55
	Name of Employer	Occupation								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 9511.5	55						
B.	Full Name (Last, First, Middle Initial)				Date of	f Rec	ceipt			
	Mailing Address				M	/	D D	/ Y	Y Y	Y
	City	State	Zip Code		Amount	t of E	Each R	eceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					,			
	Name of Employer	Occupation								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
c.	Full Name (Last, First, Middle Initial)				Date of	f Rec	ceipt			
	Mailing Address				M M		D D	/ Y	Y Y	Y
	City	State	Zip Code		Amount	t of I	Tach D	accient the	ia Daria	
	FEC ID number of contributing federal political committee.	С						eceipt th		
	Name of Employer	Occupation								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)			····· <b>&gt;</b>			,		951	1.55
т	OTAL This Period (last page this line number o	nly)		····· <b>Þ</b>			,		951	1.55

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28l	24 28c	25 29	26			
Any information copied from such Reports and Sta or for commercial purposes, other than using the r									
	ND								
Full Name (Last, First, Middle Initial) A. ACTIVE ENGAGEMENT LLC			Date of Disbur		Y Y Y	Y			
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			04	22	2014				
City LANSDOWNE Purpose of Disbursement	State Zip Code VA 20176		Transaction	ID : SB21B	.48402				
eMAIL FUNDRAISING		003	Amount of Eac	h Disburse	ment this	Period			
CONSERVATIVE MAJORITY FL		Category/ Type			10	0.00			
Senate President	ement For: Primary General Other (specify)								
State: District: Full Name (Last, First, Middle Initial) B. ACTIVE ENGAGEMENT LLC			Date of Disbur	D / Y	/ • Y • Y	Ŷ			
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			05	07	2014				
City LANSDOWNE Purpose of Disbursement	StateZip CodeVA20176		Transaction	ID : SB21B	.48403				
eMAIL FUNDRAISING		003			ment this	Period			
Candidate Name CONSERVATIVE MAJORITY FL Office Sought: House Disbur	IND	Category/ Type		531.25					
State: District:	Primary General Other (specify) V								
Full Name (Last, First, Middle Initial) C. ACTIVE ENGAGEMENT LLC			Date of Disbur	sement	/ • • •	V			
Mailing Address 44084 RIVERSIDE PKWY SUITE 350									
City LANSDOWNE Purpose of Disbursement	StateZip CodeVA20176		Transaction ID : SB21B.48404						
eMAIL FUNDRAISING Candidate Name		003 Category/	Amount of Each Disbursement this						
	ement For:	Туре		7	1729	0.00			
Senate President State: District:	Primary General Other (specify) ▼								
SUBTOTAL of Disbursements This Page (optiona	)	►			1792	1.25			
TOTAL This Period (last page this line number or	ly)	••••••		,					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE										
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	26					
Any information copied from such Reports and St. or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)												
	JND											
Full Name (Last, First, Middle Initial)  A. ACTIVE ENGAGEMENT LLC			Date of Dis	sbursen		Y Y	Y					
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			06	03		2014						
City LANSDOWNE Purpose of Disbursement	State         Zip Code           VA         20176		Transacti	ion ID :	SB21B.	48405						
eMAIL FUNDRAISING		003	Amount of	Each [	Disburser	ment this	Period					
CONSERVATIVE MAJORITY FU		Category/ Type		,	7	1189	3.00					
Senate President	sement For: Primary General Other (specify)											
State:       District:         Full Name (Last, First, Middle Initial)         B. ACTIVE ENGAGEMENT LLC			Date of Dis	sbursen		Y Y	Y					
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			06	10	)	2014						
	StateZip CodeVA20176		Transacti	ion ID :	: SB21B.	48406						
Purpose of Disbursement eMAIL FUNDRAISING Candidate Name		003	Amount of Each Disbursement this Period									
CONSERVATIVE MAJORITY F	JND	Category/ Type	13128.00									
State: District:	Primary General Other (specify)											
Full Name (Last, First, Middle Initial) C. ACTIVE ENGAGEMENT LLC			Date of Dis			V V	Y					
Mailing Address 44084 RIVERSIDE PKWY SUITE 350						06 / D D / Y Y Y Y 2014						
City LANSDOWNE Purpose of Disbursement	StateZip CodeVA20176		Transaction ID : SB21B.48407									
eMAIL FUNDRAISING Candidate Name		003 Category/	Amount of Each Disbursement this Period									
Ŭ L	sement For:	Туре		<b>7</b>	7	398	1.75					
State: District:	Other (specify)											
SUBTOTAL of Disbursements This Page (optiona	l)			4		2900	2.75					
TOTAL This Period (last page this line number o	nly)	····· •		,	,							

Any information copied from such Reports and Statemer or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND Full Name (Last, First, Middle Initial) A. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN City Sta MANASSAS V/ Purpose of Disbursement ESCROW SERVICES Candidate Name CONSERVATIVE MAJORITY FUND Office Sought: House Disbursement Senate President State: District: Full Name (Last, First, Middle Initial)	and address of any politi te Zip Code A 20109	sed by any cal commit		22 28a n for the solicit cor Date of	Disbur	b e o ins	from su ment	ng co ich co	ommitt	ee.							
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND Full Name (Last, First, Middle Initial) A. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN City Sta MANASSAS V/ Purpose of Disbursement ESCROW SERVICES Candidate Name CONSERVATIVE MAJORITY FUND Office Sought: House Disbursement Senate Pr President Ot State: District: Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	and address of any politi te Zip Code A 20109	cal commit		Date of	Disbur	rser	from su ment	y y	ommitt	ee.							
CONSERVATIVE MAJORITY FUND Full Name (Last, First, Middle Initial) A. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN City Sta MANASSAS V/ Purpose of Disbursement ESCROW SERVICES Candidate Name CONSERVATIVE MAJORITY FUND Office Sought: House Disbursement Senate Pr President Disbursement State: District: Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	te Zip Code A 20109			04	/ D		D /			Y							
A. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN City Sta MANASSAS V/ Purpose of Disbursement ESCROW SERVICES Candidate Name CONSERVATIVE MAJORITY FUND Office Sought: House Disbursement Senate Pr President Disbursement State: District: Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	A 20109			04	/ D		D /			Y							
City       Sta         MANASSAS       V/         Purpose of Disbursement       ESCROW SERVICES         Candidate Name       CONSERVATIVE MAJORITY FUND         Office Sought:       House       Disbursement         Senate       President       Ot         State:       District:       Ot         Full Name (Last, First, Middle Initial)       B. AMBASSADOR ACCOUNTING         Mailing Address       7521 PRESIDENTIAL LN	A 20109					08	3	_20		10 M							
MANASSAS V/ Purpose of Disbursement ESCROW SERVICES Candidate Name CONSERVATIVE MAJORITY FUND Office Sought: House Disbursement Senate Pr President State: District: Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	A 20109			Transa													
ESCROW SERVICES Candidate Name CONSERVATIVE MAJORITY FUND Office Sought: House Senate President State: Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	nt For:				action	ID :	: SB21I	3.4840	08								
CONSERVATIVE MAJORITY FUND Office Sought: House Disbursemen Senate President State: District: Ot Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	nt For:			Amount	of Eac	ch [	Disburs	ement	this I	Period							
Senate President State: District: Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	nt For:	Categor Type	y/						112	27							
Full Name (Last, First, Middle Initial) B. AMBASSADOR ACCOUNTING Mailing Address 7521 PRESIDENTIAL LN	imary General her (specify) <b>v</b>																
City Sta				Date of		rser 17	D /		014	Ŷ							
MANASSAS				Transaction ID : SB21B.48409													
Purpose of Disbursement ESCROW SERVICES		001		Amount	of Eac	ch [	Disburs	ement	this I	Period							
Candidate Name CONSERVATIVE MAJORITY FUND		Categor Type		102.55													
	nt For: imary General her (specify) ▼																
Full Name (Last, First, Middle Initial)				Date of					Ŷ								
Mailing Address 7521 PRESIDENTIAL LN		05		07			014	Ť									
City Sta MANASSAS VA				Trans	action	ID	: SB21I	3.484 <sup>/</sup>	10								
Purpose of Disbursement ESCROW SERVICES Candidate Name		001 Amount of Each Disbursement					-	Period 9.25									
		Туре			-				08	.23							
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		_															

SCHEDULE B (FEC Form 3X)		FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 21b 27	r one) 22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used ne and address of any politica	d by any perso I committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	1D		
Full Name (Last, First, Middle Initial) A. AMBASSADOR ACCOUNTING			Date of Disbursement
Mailing Address 7521 PRESIDENTIAL LN			06 03 2014
MANASSAS	StateZip CodeVA20109		Transaction ID : SB21B.48411
Purpose of Disbursement ESCROW SERVICES		001	Amount of Each Disbursement this Period
Candidate Name CONSERVATIVE MAJORITY FUN		Category/ Type	169.27
Senate President	ment For: Primary General Other (specify) ▼		
State:       District:         Full Name (Last, First, Middle Initial)         B. BAKER & HOSTETLER LLP         Mailing Address       PO BOX 70189			Date of Disbursement
	State Zip Code OH 44190		Transaction ID : SB21B.48369
Purpose of Disbursement LEGAL SERVICES Candidate Name		001	Amount of Each Disbursement this Period
CONSERVATIVE MAJORITY FUN Office Sought: House Disburse Senate President State: District:	ND ment For: Primary General Other (specify) ▼	Category/ Type	9924.28
Full Name (Last, First, Middle Initial) C. BAKER & HOSTETLER LLP			Date of Disbursement
Mailing Address PO BOX 70189			05 / D D / Y Y Y Y 27 2014
CLEVELAND	StateZip CodeOH44190		Transaction ID : SB21B.48371
Purpose of Disbursement LEGAL SERVICES Candidate Name		001 Category/	Amount of Each Disbursement this Period 2437.50
CONSERVATIVE MAJORITY FUI Office Sought: House Disburse Senate President State: District:	ND ment For: Primary General Other (specify) ▼	Туре	
SUBTOTAL of Disbursements This Page (optional).		····· ►	12531.05

S	CHEDULE B (FEC Form 3X)			F	OR	LINE	N	JMBEF	<u>}:</u>			PA	GE	119	OF	207
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c		k onl			_	7.65	г			1	_	
			Summary Page		×	21b		22 28a		23 28b		24 28c		25 29		26   30b
<u> </u>																
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ine and add	not be sold or us ress of any polition	ed by cal con	any nmit	/ per: ttee t	son :o s	for the olicit c	e pu ontri	rpose bution	of s 1	from su	ng co ch co	ontribu ommit	itions tee.	5
	NAME OF COMMITTEE (In Full)		bee of any point				.0 0			button	-					
$ \rangle$	CONSERVATIVE MAJORITY FUN	חו														
-	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date of	of D	isburs	en	nent				
	Mailing Address and FIDOTMEDIT OID						-	M 1	/					Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							04		(	03		20	014	_	
	City	State	Zip Code					_								
	AKRON	OH	44307					Iran	sac	tion IL	: נ	SB21B	.484	36		
	Purpose of Disbursement NSF CHECK FEES										_					
	Candidate Name			0	01			Amou	nt of	Each	۱L	Disburse	ment	t this	Peric	bd
	CONSERVATIVE MAJORITY FUN	חו		Cate	egoi ype								_	2	0.00	
	Office Sought: House Disburser			1	лhе		-	_		7		- 7				
	Senate	Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:															
P	Full Name (Last, First, Middle Initial)							Data								
В.	FIRST MERIT BANK							Date of								
	Mailing Address 295 FIRSTMERIT CIR						-	04			04			014	Y	
														••••	_	
	5	State	Zip Code					Tran	sac	tion II	<b>D</b> :	SB21B	.484	26		
	AKRON	OH	44307					i i u	ouo			00210				
	Purpose of Disbursement B OF A DISCOUNT FEE				001			Amou	nt of	f Fach	ιГ	Disburse	ment	t this	Peric	hd
	Candidate Name			la de la compañía de				7 (110 0		Laoi		1000100				
	CONSERVATIVE MAJORITY FUN	1D		Cate T	egoi ype			L.,		7				3	0.85	
	Office Sought: House Disburser						1									
	Senate	Primary	General													
	State: District:	Other (spe	cify) 🔻													
_																
С	Full Name (Last, First, Middle Initial)							Date	of D	isburs	en	nent				
0.	FIRST WERT BANK							M					y y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							04			04			014		
	City S AKRON	State OH	Zip Code 44307					Tran	sac	tion II	<b>)</b> :	SB21B	.4842	29		
	Purpose of Disbursement			_			-									
	B OF A MERCHANT SERVICE FEE			0	01			Amou	nt of	f Each	ιC	Disburse	ment	t this	Peric	bd
	Candidate Name			Cate	egoi	ry/								60	2 00	
	CONSERVATIVE MAJORITY FUN			Ţ	ype			L.		7		7		68	5.28	
	Office Sought: House Disburser Senate	ment For:	Conorol													
	President	Primary Other (spe	General													
	State: District:	Surer (she	y) <b>▼</b>													
								_	-	_			-	-	_	_
s	<b>SUBTOTAL</b> of Disbursements This Page (optional)													73	7.13	
$\vdash$						-		-							-	
т	<b>OTAL</b> This Period (last page this line number only)	)														

S	CHEDULE B (FEC Form 3X)		FOF	RII		IUMBER	:			PA	GE '	120 (	DF 2	207
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(che	eck (	only	one)		-	_					
	_	Detailed Summary Page		<b>X</b> 2		22		23		24		25		26
_					7	28a		28b		28c		29		30b
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ments may not be sold or use	ed by ar	ny p	erso	n for the	pur	pose	of s	solicitir	ng cor	ntribu mmi#	tions	
	NAME OF COMMITTEE (In Full)	The and address of any politica		mile	0 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Julion	5 11	oni su				
$ \rangle$		חוא												
Ľ	Full Name (Last, First, Middle Initial)													
Α.	FIRST MERIT BANK					Date of	of Di	sburs	eme	ent				
					_	M	1 /		D		YY		Υ	
	Mailing Address 295 FIRSTMERIT CIR					04		(	04	1.1	_20	)14	_	
	City	State Zip Code												
	AKRON	OH 44307				Tran	sact	ion IE	):S	6B21B	.4843	2		
	Purpose of Disbursement		_											
	B OF A INTERCHNG FEE		001	1	11	Amour	nt of	Each	Di	sburse	ment	this I	Perio	d
	Candidate Name CONSERVATIVE MAJORITY FU		Categ									1275	5.97	
		ND	Тур	ю				7	-	- 7			-	
	Senate	Primary General												
	President	Other (specify)												
	State: District:													
	Full Name (Last, First, Middle Initial)													
В.	FIRST MERIT BANK					Date of	of Di	sburs	eme	ent				
					_	M	1 /		D			Y	Υ	
	Mailing Address 295 FIRSTMERIT CIR					04			04	1.1.	20	)14	_	
	City	State Zip Code												
	AKRON	OH 44307				Tran	sact	tion IL	):8	SB21B	.4843	57		
	Purpose of Disbursement NSF CHECK FEES													
			00	1	11	Amour	nt of	Each	Di	sburse	ment	this I	Perio	d
	Candidate Name CONSERVATIVE MAJORITY FU		Categ		'	1.						30	0.00	
		ement For:	Тур	be	_			7		- 7				
	Senate	Primary General												
	President	Other (specify)												
	State: District:													
	Full Name (Last, First, Middle Initial)													
C.	FIRST MERIT BANK					Date of	of Di	sburs	eme	ent				
	Moiling Address and FIDSTMEDIT OID				_	M N	1 /		D 07			) 14	Y	
	Mailing Address 295 FIRSTMERIT CIR					04			57		20	14	_	
	City	State Zip Code			-	<b>T</b>					40.40			
	AKRON	OH 44307				Iran	saci		)::	SB21B	.4843	8		
	Purpose of Disbursement NSF CHECK FEES				11									
	Candidate Name		001	1	41	Amour	nt of	Each	Di	sburse	ment	this I	Perio	d
	CONSERVATIVE MAJORITY FL	ND	Categ Typ	jory/								10	0.00	٦.
		ement For:	тур		-			7	-	- 7	-		-	
	Senate	Primary General												
	President	Other (specify)												
	State: District:	_												
_	Bistriot.			_										
Γ							-		-			4045	07	
s	UBTOTAL of Disbursements This Page (optional)							7		,		1315	.97	
⊢				-	_	[.		5		- 7	-	1315	.97	

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE	NU	JMBER	:			PA	GE 1	21 (	)F 2	07
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C		k onl		_′			F			 		
			Summary Page		ľ	21b 27	$\vdash$	22 28a		23 28b	┝	24 28c		25 29		26 30b
A	w information conied from such Departs and Otation		not be cold or		000									-		
or	y information copied from such Reports and Stater for commercial purposes, other than using the name	nems may r	ress of any politic	eu by al con	any 1mit	r pers ttee t	son o so	or the	pur ntrit	pose outions	or s fi	rom suc	y con ch con	nmitt	ions ee.	
	NAME OF COMMITTEE (In Full)															
$ \rangle$	CONSERVATIVE MAJORITY FUN	1D														
۸	Full Name (Last, First, Middle Initial)							Date o	fDi	churce	om	ont				
А.	FIRST MERIT BANK												Y	N	M	
	Mailing Address 295 FIRSTMERIT CIR						1	04		C	)8	/ T	201		Y	
	,	State OH	Zip Code					Trans	sact	ion ID	):	SB21B.	48480	D		
	AKRON Purpose of Disbursement	Оп	44307				-									
	USA ePAY BILLING			0	01	٦.		Amoun	it of	Each	D	isburse	ment t	this I	Period	l
	Candidate Name			Cate	ean	rv/			-		-				00	٦.
	CONSERVATIVE MAJORITY FUN				ype			L.		7	_			20	.00	
		ment For:														
	Senate President	Primary Other (spec	General													
	State: District:	Other (spec	siry) 🔻													
_	Full Name (Last, First, Middle Initial)															
В.								Date o	f Di	sburse	em	ent				
								M M	/	D	D	/ Y	Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							04		1	14	1 6	201	14	_	
	City	State	Zip Code													
	AKRON	OH	44307					Tran	sact	tion ID	):	SB21B	.48424	4		
	Purpose of Disbursement			-	-											
	ACCOUNT ANALYSIS FEE			C	01			Amoun	t of	Each	D	isburse	ment 1	this I	Period	J
	Candidate Name CONSERVATIVE MAJORITY FUN	חו		Cate										10	.00	٦.
	Office Sought: House Disburser			- IY	/pe		-			7		,				1
	Senate	Primary	General													
	President	Other (spec	cify) 🔻													
	State: District:															
_	Full Name (Last, First, Middle Initial)															
C.	FIRST MERIT BANK							Date o	f Di	sburse	em	lent				
	Mailing Address 295 FIRSTMERIT CIR						-	м м 04	1	1	D 17	/ Y	201		Y	
	Maning Address 295 FIRSTWERT CIR							04					20			
	City	State	Zip Code					Tran	sact	tion ID	) ·	SB21B	48430	9		
	AKRON	ОН	44307					man	5401			UDE I D.		0		
	Purpose of Disbursement NSF CHECK FEES			0	01			•		<b>F</b>	_					
	Candidate Name					n/		Amoun		Each	U	isbursei	nent	unis i	Period	
	CONSERVATIVE MAJORITY FUN	١D		Cate Ty	ype	ry/		Ι						10	.00	
		ment For:					1			,		,				
	Senate	Primary	General													
	State: District:	Other (spec	сиу) 🔻													
									_					_	_	_
6	UBTOTAL of Disbursements This Page (optional)													40	.00	
Ĕ								-	÷		1	7				4
т	OTAL This Period (last page this line number only)	)											_			

SC	HEDULE B (FEC Form 3X)		FC	)R I		IUMBEF	<u>۱</u> .			PA	GE 1	122 (	)F 2	207
	EMIZED DISBURSEMENTS	Use separate schedule(s	) I -		only	-				<b>`</b>				
		for each category of the Detailed Summary Page		X	21b	22		23		24		25		26
					27	28a		28b		28c		29		30b
	y information copied from such Reports and Staten													
or	for commercial purposes, other than using the name	e and address of any polit	ical com	mitt	ee to :	solicit co	ontrik	outions	s fro	om suc	ch coi	mmitt	ee.	
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	_												
	CONSERVATIVE MAJORITY FUN	D												
	Full Name (Last, First, Middle Initial)													
-	FIRST MERIT BANK					Date of	of Di	sburse	eme	ent				
						M N	/	D	D	/ Y	Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					04			8		_20			
	,	State Zip Code				Tran	sact	ion ID	: S	B21B.	4844	0		
	AKRON Purpose of Disbursement	OH 44307										-		
	NSF CHECK FEES		0	01		Amour	nt of	Fach	Dis	shursei	ment	this F	Perioc	4
	Candidate Name					Amou		Laci	Die	5041301	nom	1113 1	Chioc	
	CONSERVATIVE MAJORITY FUN	D	Cate Tv	egory /pe	//	1.						40	.00	
	Office Sought: House Disbursen			1				,						
	Senate	Primary General												
	President	Other (specify)												
	State: District:													
_	Full Name (Last, First, Middle Initial)													
В.	FIRST MERIT BANK					Date of	of Di	sburse	eme	ent				
									D	/ Y		Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					04		4	21		20	14		
	City	State Zip Code												
	AKRON	OH 44307				Iran	saci	tion ID	): 5	6B21B	.4844	1		
	Purpose of Disbursement													
	NSF CHECK FEES		0	01		Amour	nt of	Each	Dis	sburse	ment	this F	Perioc	t l
			Cate		//							30	.00	
	CONSERVATIVE MAJORITY FUN Office Sought: House Disbursen		Iy	vpe				7		7				
		Primary General												
	President	Other (specify)												
	State: District:													
	Full Name (Last, First, Middle Initial)													
С.	FIRST MERIT BANK					Date of	of Di	sburse	eme	ent				
						M N	Λ /	D	D	/ Y	Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					04		2	2	L L	20	14		
	City (	State Zip Code												
	5	OH 44307				Tran	sact	tion ID	) : S	B21B	4844	2		
	Purpose of Disbursement		_		-									
	NSF CHECK FEES		00	01		Amour	nt of	Each	Dis	sbursei	ment	this F	Period	ł
	Candidate Name		Cate	gory	//				_			20	00	
	CONSERVATIVE MAJORITY FUN		Ту	vpe				7				30	.00	
	Office Sought: House Disbursen													
	Senate President	Primary General												
	State: District:	Other (specify)												
						_	_	_	_	_	_	_	_	_
6	JBTOTAL of Disbursements This Page (optional)											100	.00	
Ľ					<b>•</b>	<b>*</b>	-	7			-			4

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE	NU	JMBER	:			PA	GE 12	23 0	F 207
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the		hec	k onl		ne)		7.6-5	_				
			ummary Page		$ \times $	21b 27		22 28a		23 28b		24 28c		25 29	26 30b
<u> </u>				<u> </u>										-	
Ar Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may no ne and addre	ot be sold or use ess of any politic	ed by al com	any nmit	/ pers ttee t	son o sa	for the olicit co	pur ntrib	pose outions	of s s fro	solicitin om suc	g cont ch cont	tributi nmitte	ons e.
	NAME OF COMMITTEE (In Full)		be of any pointed				0 00			Sationic	5 110				
$ \rangle$	CONSERVATIVE MAJORITY FUN	חו													
	Full Name (Last, First, Middle Initial)														
Α.	FIRST MERIT BANK							Date o	of Di	sburse	eme	ent			
							-	M	/			/ Y	- Y		Y
	Mailing Address 295 FIRSTMERIT CIR							04		2	23		201	4	
	City	State	Zip Code					_							
	AKRON	OH	44307					Irans	sact	ion ID	):S	6B21B.	48443	5	
	Purpose of Disbursement NSF CHECK FEES										Ξ.				
	Candidate Name			0	01			Amoun	nt of	Each	Dis	sburser	ment t	inis P	eriod
	CONSERVATIVE MAJORITY FUN	חו		Cate	egoi ype					_		_		10.	00
		ment For:		13	he		-			7		7			
	Senate	Primary	General												
	President	Other (speci	fy) 🔻												
	State: District:														
Б	Full Name (Last, First, Middle Initial)							Data	( D.						
В.	FIRST MERIT BANK							Date o				ent			_
	Mailing Address 295 FIRSTMERIT CIR							м м 04			24	/ Y	201		Y
	5	State	Zip Code					Tran	sact	tion ID	):5	SB21B.	48444	L	
	AKRON Purpose of Disbursement	OH	44307				_							-	
	NSF CHECK FEES			0	001			Amour	nt of	Fach	Dis	sburser	nent t	his P	eriod
	Candidate Name					m //		, ano an		Eaon	Dic	obureer			onou
	CONSERVATIVE MAJORITY FUN	١D		Cate Ty	ype			L.		7	_			10	00
	Office Sought: House Disburser	ment For:	I												
	Senate	Primary	General												
	State: District:	Other (speci	fy) 🔻												
C.	Full Name (Last, First, Middle Initial)							Date o	of Di	sburse	eme	ent			
•	TIRST MERT DANK							M	_	D		/ Y	Y	Y	Y
	Mailing Address 295 FIRSTMERIT CIR							04			25		201		
		<u>.</u>													
	City AKRON	State OH	Zip Code 44307					Tran	sact	tion ID	) : S	SB21B.	48445	5	
	Purpose of Disbursement			_	_		-								
	NSF CHECK FEES			0	01			Amoun	nt of	Each	Dis	sburser	nent t	his P	eriod
	Candidate Name			Cate	egoi	ry/					_			10.	00
	CONSERVATIVE MAJORITY FUN			Ту	ype	-				7	_			10.	00
	Office Sought: House Disburser Senate	ment For:	General												
	President	Primary Other (speci													
	State: District:	2 (0000	·)/ V												
							1	_		-	_		-	_	_
s	UBTOTAL of Disbursements This Page (optional)													30.	00
$\vdash$								-				,			
[т	OTAL This Period (last page this line number only)	)													

S	CHEDULE B (FEC Form 3X)			F	OR	LINE	N	JMBER	:			PA	GE	124	OF	207
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c		k onl			_	7.05	г			7.0-	_	
			Summary Page		×	21b		22 28a		23 28b	+	24 28c		25 29		26 30b
														_		
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may in the methic mathematical methics and additional methics and the methic methics and the methics are needed and the methics are needed as a neede	not be sold or us ress of anv politic	ed by cal con	any nmi	/ pers ttee t	son o si	tor the olicit co	pui putril	rpose bution	of s f	solicitir from su	ng cơ ch cơ	ontribu ommi	ution ttee	IS
۲.	NAME OF COMMITTEE (In Full)		ese et any point				2 0						00			
$ \rangle$	CONSERVATIVE MAJORITY FUN	JD														
V																
_	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date o	of Di	isburs	en	nent				
	Mailing Address 295 FIRSTMERIT CIR						-	04	/		28			014	Y	
	Maining Address 295 FIRST MERTI CIR							04			20		2	014		
	City	State	Zip Code					Tron		lian IF	、.	6D04D	40.4	46		
	AKRON	ОН	44307					Tran	saci		):	SB21B	.4844	40		
	Purpose of Disbursement NSF CHECK FEES				01			A				): =			Devi	in d
	Candidate Name			less.	01			Amour	it Of	⊨ach	Ē	Disburse	rnen	i inis	Peri	iod
	CONSERVATIVE MAJORITY FUN	D		Cate	ego ype								-	1	0.00	)
	Office Sought: House Disburser				790		-			7		7		-		
	Senate	Primary	General													
	President	Other (spec	cify) 🔻													
	State: District:															
Б	Full Name (Last, First, Middle Initial)							Data	( )			4				
В.	FIRST MERIT BANK							Date c	_							
	Mailing Address 295 FIRSTMERIT CIR						1	04			29			014	Y	
	City	State	Zip Code				$\top$	Tran	saci	tion IF	<u>،</u> د	SB21B	484	47		
	AKRON	OH	44307					man	540			ODLIE				
	Purpose of Disbursement NSF CHECK FEES				001			Amour	nt of	Each	Г	Disburse	mont	t thic	Pori	iod
	Candidate Name			la de la compañía de				Amour		Laon		//304/30	inchi		i ch	
	CONSERVATIVE MAJORITY FUN	1D		Cate T	ego ype									2	0.00	)
	Office Sought: House Disburser				,,		1			,		,				
	Senate	Primary	General													
	President	Other (spec	cify) 🔻													
_	State: District:						-									
C	Full Name (Last, First, Middle Initial)							Date o	of Di	ichurc	om	nont				
0.	FIRST MERIT BANK								_					Y	N	
	Mailing Address 295 FIRSTMERIT CIR						1	04	/	3	30			014	= Y	
	5	State	Zip Code					Tran	sact	tion ID	):	SB21B	.484	48		
	AKRON Purpose of Disbursement	OH	44307				-									
	NSF CHECK FEES			0	01			Amour	nt of	Each		Disburse	mont	t thic	Pori	iod
	Candidate Name			Cate	one	rv/		Amour		Lach		1300130	mem		I CII	iou
	CONSERVATIVE MAJORITY FUN	ND		T	ype	1 97		L.,						1	0.00	
	Office Sought: House Disburser	ment For:								,		,				
	Senate	Primary	General													
	State: District:	Other (spec	city) 🔻													
	State. DISTICT.								_							
.	UBTOTAL of Disbursements This Page (optional)										1			4	0.00	
Ľ	CONTRE OF DISDUISEMENTS THIS FAYE (OPTIONAL)					•		÷	÷			- 7				۲.
т	OTAL This Period (last page this line number only)	)						L.								

SC	HEDULE B (FEC Form 3X)			FOR	LINF	NUMBER:			P	AGE	125	OF	207
IT	EMIZED DISBURSEMENTS	Use separate		-	ck only	-							
		for each cate Detailed Sum			21b	22	23		24		25		26
			,		27	28a	28	b	280		29		30b
	y information copied from such Reports and Stater												6
<u> </u>	for commercial purposes, other than using the nan	ne and address	of any political	I comm	ittee to	SOIICIT COI	ntributio	ns	from su	icn c	ommi	ttee.	
$\left \right\rangle$													
/	CONSERVATIVE MAJORITY FUN	ND											
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	FIRST MERIT BANK					Date of	f Disbur	se	ment				
						M M	/ D	T	D /	Y Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					04		30	)	2	014	_	
	City	State Zip	Code										
	AKRON		307			Trans	action	ID	: SB21E	8.484	74		
	Purpose of Disbursement												
	SPECIAL HANDLING FEE			001		Amount	t of Eac	h	Disburse	emen	t this	Perio	bd
				Catego				1			3	0.00	
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburser			Туре	)			÷		_	Ĵ	5.00	
	Office Sought: House Disburser	nent For: Primary	General										
	President	Other (specify)											
	State: District:		•										
	Full Name (Last, First, Middle Initial)												
В.	FIRST MERIT BANK					Date of	f Disbur	se	ment				
						M M	/ D		D /	Y Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					04		30	0	2	2014	_	
	City (	State Zip	Code										
	City S AKRON		307			Trans	action	ID	: SB21E	3.484	78		
	Purpose of Disbursement												
	TRANSACTION FEE			001	. 11	Amount	t of Eac	h	Disburse	emen	t this	Perio	bd
	Candidate Name			Catego	ory/						37	7.00	
	CONSERVATIVE MAJORITY FUN			Туре	)			1	7	-	57	1.00	-
	Office Sought: House Disburser	nent For:	General										
	President	Primary Other (specify)											
	State: District:	Caller (opcony)	•										
_	Full Name (Last, First, Middle Initial)												
-	FIRST MERIT BANK					Date of	f Disbur	se	ment				
						M M	/ D	T.	D /	Y Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					05	1 L	02	2	2	014	_	
	Cit.	Ctata Zin	Codo										
	City SAKRON		Code 307			Trans	action	ID	: SB21E	3.484	49		
	Purpose of Disbursement				_								
	NSF CHECK FEES			001		Amount	t of Eac	h	Disburse	emen	t this	Perio	bd
		15		Catego	ory/			1			1	0.00	
	CONSERVATIVE MAJORITY FUN			Туре	)			4				0.00	
	Office Sought: House Disburser Senate	nent For:	Gaparal										
	President	Primary Other (specify)	General										
	State: District:	Outer (specify)	•										
	2.00.00					_	_	-		_		_	_
s	UBTOTAL of Disbursements This Page (optional)						_			_	41	7.00	
Ľ								÷	7	+			4
т	OTAL This Period (last page this line number only)	)			🕨					_			

SCHEDULE B (FEC Form 3	BX)			F	OR		NU	MBER	:			PAGE	E 126	OF	207
ITEMIZED DISBURSEMENTS	6		arate schedule(s) category of the		chec	k only	-		-						
			Summary Page		X	21b		22		23		24	25		26
						27		28a		28b		28c	29		30b
Any information copied from such Reports or for commercial purposes, other than usi															6
	ng me nam		less of any point	cal col		liee lo	50			utions	ITOITI	Such	comm	liee.	
NAME OF COMMITTEE (In Full)		П													
		D													
Full Name (Last, First, Middle Initial)															
A. FIRST MERIT BANK							[	Date o	f Dis	sburse	ment				
								MM	/		D /	Y	Y Y	Y	
Mailing Address 295 FIRSTMERIT CIR								05		0	5		2014	_	
City	S	State	Zip Code												
AKRON		OH	44307					Trans	sacti	on ID	: SB2	21B.48	8427		
Purpose of Disbursement					-										
B OF A DISCOUNT FEE				(	001		ŀ	Amoun	t of	Each	Disbu	irseme	ent this	Peric	bd
					egoi							_	5	9.94	٦.
CONSERVATIVE MAJORI	Disbursen			Т	уре			_	-	7	_	7			
Senate		Primary	General												
President		Other (spe													
State: District:			- <b>3</b> / •												
Full Name (Last, First, Middle Initial)															
B. FIRST MERIT BANK							[	Date o	f Dis	sburse	ment				
								M – M	/	D	D /	Y	YY	Y	
Mailing Address 295 FIRSTMERIT CIR								05		0	5		2014	_	
City	c	State	Zip Code												
City AKRON		OH	44307					Trans	sacti	on ID	: SB2	21B.48	3430		
Purpose of Disbursement				-	-										
B OF A MERCHANT SERVICE FEE				(	001	- 11	A	Amoun	t of	Each	Disbu	irseme	ent this	Peric	bd
Candidate Name		-		Cat	egoi	ry/							108	32.98	
CONSERVATIVE MAJORI				Т	уре				-	7	_	7	100	2.50	
Office Sought: House	Disbursen														
Senate President		Primary Other (spe	General												
State: District:		Other (spe	city) 🔻												
Full Name (Last, First, Middle Initial)															
C. FIRST MERIT BANK							[	Date o	f Dis	burse	ment				
								M M	/	D	D /	Y	Y Y	Y	
Mailing Address 295 FIRSTMERIT CIR								05		0	5		2014		
01			7												
City AKRON		State OH	Zip Code 44307					Trans	sacti	on ID	: SB2	21 <b>B.</b> 48	3433		
Purpose of Disbursement			44007	_	_	_									
B OF A INTERCHNG FEE				(	001	- 11	ļ	Amoun	t of	Each	Disbu	ırseme	ent this	Peric	bd
Candidate Name				Cat	egoi	rv/									
CONSERVATIVE MAJORI	TY FUN	ID			ype					7	_	7	251	6.97	
Office Sought: House	Disbursen														
Senate President		Primary Other (one	General												
State: District:		Other (spe	ciry) 🔻												
							_								_
SUBTOTAL of Disbursements This Page	(ontional)					•							365	9.89	
contraction and a probation into the tage						-			÷	7	+	7			4
TOTAL This Period (last page this line nu	mber only)														

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 127 OF 207
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Sta			
or for commercial purposes, other than using the r	ame and address of any polition	cal committee to	solicit contributions from such committee.
$ $ $\rangle$ CONSERVATIVE MAJORITY FL	IND		
Full Name (Last, First, Middle Initial)			
A. FIRST MERIT BANK			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 295 FIRSTMERIT CIR			05 07 2014
City	State Zip Code OH 44307		Transaction ID : SB21B.48481
AKRON Purpose of Disbursement	OH 44307		
USA ePAY BILLING		001	Amount of Each Disbursement this Period
Candidate Name		Cotogony/	
CONSERVATIVE MAJORITY FL	ND	Category/ Type	20.00
Office Sought: House Disburg	sement For:		
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. FIRST MERIT BANK			Date of Disbursement
Mailing Address 295 FIRSTMERIT CIR			05 09 2014
Maining Address 295 FIRSTMERTI CIR			03 03 2014
City	State Zip Code		Transaction ID : SB21B.48450
AKRON	OH 44307		Transaction ID . 3D21D.40430
Purpose of Disbursement NSF CHECK FEES			
Candidate Name		001	Amount of Each Disbursement this Period
CONSERVATIVE MAJORITY FL	חאו	Category/	10.00
	sement For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
C. FIRST MERIT BANK			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 295 FIRSTMERIT CIR			05 13 2014
City	State Zip Code		
AKRON	OH 44307		Transaction ID : SB21B.48422
Purpose of Disbursement			
AMEX COLLECTION FEE		001	Amount of Each Disbursement this Period
		Category/	50.00
CONSERVATIVE MAJORITY FL		Туре	
Office Sought: House Disburs	sement For: Primary General		
President	Other (specify)		
State: District:			
l			
SUBTOTAL of Disbursements This Page (optiona	)	<b></b>	80.00
	,		
TOTAL This Period (last page this line number or	ıly)	····· •	

S	CHEDULE B (FEC Form 3X)			FOR	LINF	NUMBE	R:			PAG	GE 128	3 OF	207
IT	EMIZED DISBURSEMENTS	Use separate schedule( for each category of the	s)	(chec	ck only	one)		_					
	_	Detailed Summary Page		X	21b	22		23		24	25		26
_					27	288		28b		28c	29		30b
Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may not be sold or	used b	y any	y perse	on for th	e pu	rpose	of sol	citing	g contri	butio	ns
	NAME OF COMMITTEE (In Full)	The and address of any por		omm		Solicit		butions	5 11011	Suci		muee	•
$ \rangle$		חו											
Ľ	Full Name (Last, First, Middle Initial)												
Α.	FIRST MERIT BANK					Date	of D	isburse	ement				
						М		/ D		Y	Y		1
	Mailing Address 295 FIRSTMERIT CIR					05	)	1	4		2014		
	City	State Zip Code											
	AKRON	OH 44307				Tra	nsac	tion ID	) : SB	21B.4	48423		
	Purpose of Disbursement												
	ACCOUNT ANALYSIS FEE			001		Amou	int o	f Each	Disb	irsen	nent thi	s Pe	riod
	Candidate Name CONSERVATIVE MAJORITY FUN	חו	Ca	atego							1	07.9	4
		ment For:		Туре	;			7		7			
	Senate	Primary General											
	President	Other (specify)											
	State: District:	·											
	Full Name (Last, First, Middle Initial)												
В.	FIRST MERIT BANK					Date	of D	isburse	ement				
						М			D	Y	Y		1
	Mailing Address 295 FIRSTMERIT CIR					0	>		14		2014		
	City	State Zip Code											
	AKRON	OH 44307				Tra	nsac	tion ID	): SB	21B.4	48451		
	Purpose of Disbursement NSF CHECK FEES											_	
				001		Amou	int o	f Each	Disb	irsen	nent thi	s Pe	riod
	Candidate Name CONSERVATIVE MAJORITY FUN	חו	Ca	atego		1.						20.0	0
		ment For:		Туре	;		-	7		7			
	Senate	Primary General											
	President	Other (specify)											
	State: District:												
	Full Name (Last, First, Middle Initial)												
C.	FIRST MERIT BANK					Date	of D	isburse	ement				
	Mailing Address and FIRSTMERIT OR					05		/ D	5	Y	2014		1
	Mailing Address 295 FIRSTMERIT CIR					0.	,		5		2014	-	
	City	State Zip Code				<b>T</b>		tion ID			40.450		
	AKRON	OH 44307				Ira	nsac	tion ID	): 5B	218.4	48452		
	Purpose of Disbursement NSF CHECK FEES		L E										
	Candidate Name			001		Amou	int o	f Each	Disb	irsen	nent thi	s Pe	riod
	CONSERVATIVE MAJORITY FUN	ND	C	atego Type	ory/							20.0	0
		ment For:		iype	•			7		7			
	Senate	Primary General											
	President	Other (specify)											
	State: District:												
Γ												47.6	- 1
s	UBTOTAL of Disbursements This Page (optional)				•			7	_	7	1	47.94	+
	OTAL This Davied (last page this line south a sub-	\ \											
1'	OTAL This Period (last page this line number only)	)			• 🕨			- 7		7	1. A.		- I.

ITEMIZED DISBURSEMENTS		, FOR LINE	NUMBER: PAGE 129 OF 2
	Use separate schedule	(s) (check only	r one)
	Detailed Summary Page		22 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or me and address of any po	litical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)			
A. FIRST MERIT BANK			Date of Disbursement
Mailing Address OSE FIDOTMEDIT OF			
Mailing Address 295 FIRSTMERIT CIR			05 19 2014
City	State Zip Code		
AKRON	OH 44307		Transaction ID : SB21B.48453
Purpose of Disbursement NSF CHECK FEES			
Candidate Name		001	Amount of Each Disbursement this Period
	חר	Category/	10.00
	ement For:	Туре	
Senate	Primary General	I	
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. FIRST MERIT BANK			Date of Disbursement
Mailing Address and EIROTMERIT OIR			
Mailing Address 295 FIRSTMERIT CIR			05 20 2014
City	State Zip Code		Transaction ID : SB21B.48454
AKRON	OH 44307		
Purpose of Disbursement NSF CHECK FEES		004	Amount of Fook Diskumounout this David
Candidate Name		001	Amount of Each Disbursement this Period
CONSERVATIVE MAJORITY FUI	ND	Category/ Type	10.00
	ement For:	Type	
Senate	Primary General	I	
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
C. FIRST MERIT BANK			Date of Disbursement
Mailing Address 295 FIRSTMERIT CIR			05 27 2014
City	State Zip Code		Transaction ID : SB21B.48455
AKRON	OH 44307		
Purpose of Disbursement NSF CHECK FEES		001	
Condidate Name			Amount of Each Disbursement this Period
	ND	Category/ Type	20.00
Candidate Name CONSERVATIVE MAJORITY FU		<b>7</b> 11 - 1	
	ment For:		
CONSERVATIVE MAJORITY FU	ement For: Primary General	I	
CONSERVATIVE MAJORITY FU Office Sought: House Disburse Senate President		I	
CONSERVATIVE MAJORITY FU           Office Sought:         House         Disburse           Senate	Primary General	I	
CONSERVATIVE MAJORITY FU Office Sought: House Disburse Senate President State: District:	Primary General Other (specify) ▼		40.00
CONSERVATIVE MAJORITY FU Office Sought: House Disburse Senate President	Primary General Other (specify) ▼		40.00

S	CHEDULE B (FEC Form 3X)			F	OR	LINE	ΞN	UMBEI	R:			P	٩GE	130	OF	207
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c		k on								 	_	
			Summary Page		×	21k	'	22 	$\vdash$	23 28b	,	24	.  -	25 29		26 30b
A -	ny information copied from such Reports and Stater	nonto mori	not be cold or		0.000									_	Ition	
or	for commercial purposes, other than using the nar	nents may	ress of any politic	ed by al con	any nmit	/ per ttee	to s	solicit c	e pu ontri	butior	່ວ າຣ	from su	ng co ich c	ommi	ttee.	IS
$\square$	NAME OF COMMITTEE (In Full)															
$ \rangle$	CONSERVATIVE MAJORITY FUN	1D														
Ľ																
^	Full Name (Last, First, Middle Initial)							Data	of D	i o b u w		mont				
А.	FIRST MERIT BANK							Date								
	Mailing Address 295 FIRSTMERIT CIR							05			30			2014	Y	
	5	State	Zip Code					Trar	isac	tion I	D	: SB21E	3.484	56		
	AKRON Purpose of Disbursement	OH	44307					mai	1040							
	NSF CHECK FEES			0	01			Amou	nt o	f Eacl	h [	Disburs	emen	it this	Peri	iod
	Candidate Name			1.00				7 11100		Lao		Biobaro	Jinon		1 011	lou
	CONSERVATIVE MAJORITY FUN	ID		Cate T	ego ype			L.,		7			_	3	0.00	)
	Office Sought: House Disburser	ment For:	I													
	Senate	Primary	General													
	State: District:	Other (spe	cify) 🔻													
_							-									
В.	Full Name (Last, First, Middle Initial)							Date	of D	isburg	ser	ment				
	TIKST MERTI BANK							M	-				Y )	Y Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							05			30			2014		
	5	State OH	Zip Code					Trai	nsac	tion I	D	: SB21E	3.484	75		
	AKRON Purpose of Disbursement	Оп	44307				-									
	SPECIAL HANDLING FEE			C	001			Amou	nt o	f Eacl	h [	Disburs	emen	it this	Peri	iod
	Candidate Name			Cate	eao	rv/					1					
	CONSERVATIVE MAJORITY FUN	1D			ype			<u> </u>		7			_	3	0.00	)
		ment For:														
	President	Primary	General													
	State: District:	Other (spe	city) 🔻													
_	Full Name (Last, First, Middle Initial)						+				_					
C.	FIRST MERIT BANK							Date	of D	isburs	ser	ment				
								M	M	/ D	1	D /	Y Y	Y	Y	1
	Mailing Address 295 FIRSTMERIT CIR							05			30	)	2	014	_	
	City	State	Zip Code				+									
	AKRON	OH	44307					Trai	nsac	tion I	D	: SB21E	3.484	77		
	Purpose of Disbursement			-		_										
	TRANSACTION FEE			0	01			Amou	nt o	f Eacl	h [	Disburs	emen	it this	Peri	iod
	Candidate Name CONSERVATIVE MAJORITY FUN			Cate	ego	ry/					1			36	1.50	,
		ment For:		Γ <u></u>	ype			<u> </u>		7	1		_			
	Senate	Primary	General													
	President	Other (spe														
_	State: District:															
							·		-		1		-			
s	<b>UBTOTAL</b> of Disbursements This Page (optional)					•		L.,		7		7	_	42	1.50	
											1					
11	<b>OTAL</b> This Period (last page this line number only)	)				• 🕨		land.		- 7			_	_		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:		PA	GE 131	OF 207
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	X 21b	22 28a	23 28b	24 28c	25	26 30b
						_	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam	nents may not be sold or use ne and address of any politica	d by any perso al committee to	on for the pur solicit contrib	pose o outions	f solicitin from suc	g contrib :h commi	utions ittee.
NAME OF COMMITTEE (In Full)							
	חו						
Full Name (Last, First, Middle Initial)							
A. FIRST MERIT BANK			Date of Dis	sburser	nent		
Mailing Address and FIDOTMEDIT OID			M M /			Y Y	Y
Mailing Address 295 FIRSTMERIT CIR			06	02		2014	_
City	State Zip Code						
AKRON	OH 44307		Transact	ion ID :	SB21B.	48457	
Purpose of Disbursement NSF CHECK FEES							
Candidate Name		001	Amount of	Each [	Disburser	nent this	Period
CONSERVATIVE MAJORITY FUN		Category/				7	0.00
Office Sought: House Disburser		Туре		7			
Senate	Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)							
B. FIRST MERIT BANK			Date of Dis	sburser	nent		
			M M /	03		Y Y 2014	Y
Mailing Address 295 FIRSTMERIT CIR			06	03		2014	
City	State Zip Code		Transact		. 68218	19159	
AKRON	OH 44307		TIANSACI		. 30210.	40430	
Purpose of Disbursement NSF CHECK FEES		004	A		Dieleuweeu		Devied
Candidate Name		001	Amount of	Each I	Disburser	nent this	Period
CONSERVATIVE MAJORITY FUN	חו	Category/ Type				1	10.00
Office Sought: House Disburser		турс		,	7		
Senate	Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)							
C. FIRST MERIT BANK			Date of Di	sburser	ment		
Mailing Address 295 FIRSTMERIT CIR			M M /	04		2014	Y
						2011	
City	State Zip Code		Transact	ion ID	· SR21P	48428	
AKRON	OH 44307		manadot			.0420	
Purpose of Disbursement B OF A DISCOUNT FEE		001					
Candidate Name			Amount of	Each L	Disburser	nent this	Period
CONSERVATIVE MAJORITY FUR	D	Category/ Type				Э	86.53
Office Sought: House Disburser	nent For:			1	7		
Senate	Primary General						
President	Other (specify)						
State: District:							
						11	6.53
SUBTOTAL of Disbursements This Page (optional)		•••••		7	7		
TOTAL This Period (last page this line number only)							

S	CHEDULE B (FEC Form 3X)			2P		NUMBE	<u>р</u> .			PA	GE 13	32 0	F 20	)7
	EMIZED DISBURSEMENTS	Use separate schedule(s			k only		11.			L.7.			0	-
••		for each category of the Detailed Summary Page		X	21b	22		23		24	2	25	2	6
		Detailed Summary Fage			27	288	ι   ¯	28b		28c		29	3	0b
Ar	ny information copied from such Reports and Staten	nents may not be sold or u	ised by	any	perso	n for th	e pu	rpose	ofs	solicitin	ng cont	ributi	ions	
	for commercial purposes, other than using the nan													
$\setminus$	NAME OF COMMITTEE (In Full)													
$ \rangle$	CONSERVATIVE MAJORITY FUN	ID												
Ľ														
	Full Name (Last, First, Middle Initial)					_								
Α.	FIRST MERIT BANK					Date	of D	isburse	eme	ent				
							M		D	/	Y		Y	
	Mailing Address 295 FIRSTMERIT CIR					06	j	C	)4	1 L.	201	4		
	City	State Zip Code												
	AKRON	OH 44307				Tra	nsac	tion ID	):S	B21B	.48431			
	Purpose of Disbursement	1001												
	B OF A MERCHANT SERVICE FEE		0	01		Amou	int of	f Each	Dis	sburse	ment t	his P	eriod	
	Candidate Name		Cot	200	2/						-	-		1
	CONSERVATIVE MAJORITY FUN	D	Cate	egor ype	y/		_					814.	91	
	Office Sought: House Disburser		I		-									
	Senate	Primary General												
	President	Other (specify)												
_	State: District:													
	Full Name (Last, First, Middle Initial)													
В.	FIRST MERIT BANK					Date	of D	isburse	eme	ent				
						M	M	/ D	D	/ _	/ Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					06	5	C	04	L	201	4		
	5	State Zip Code				Tra	nsac	tion ID	):5	6B21B	.48434			
	AKRON Purpose of Disbursement	OH 44307												
	B OF A INTERCHNG FEE			001		Δmoi	int of	f Each	Dig	shurea	ment t	hie P	Period	
	Candidate Name					7.1100			518	550130	mont l	10 1	Shou	1
	CONSERVATIVE MAJORITY FUN	D	Cate	egor ype	y/	1.	-					1546.	.14	
	Office Sought: House Disburser		- ·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7		7				
	Senate	Primary General												
	President	Other (specify)												
	State: District:													
_	Full Name (Last, First, Middle Initial)													_
C.	FIRST MERIT BANK					Date	of D	isburse	eme	ent				
						M	M	/ D	D	/	( Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR					06			)6		201			
	5	State Zip Code				Tra	nsac	tion ID	):5	B21B	.48459			
	AKRON	OH 44307												
	Purpose of Disbursement NSF CHECK FEES			01		_			-					
	Candidate Name			01		Amou	int o	t Each	Dis	sburse	ment t	his P	eriod	_
	CONSERVATIVE MAJORITY FUN	טו	Cat		ry/							30.	00	1
	Office Sought: House Disburser			ype				-7	-	7	-			1
	Senate	Primary General												
	President	Other (specify)												
	State: District:													
						_	_		_			_		_
.	UBTOTAL of Disbursements This Page (optional)									-	2	391.0	05	
• ۱					-	1.1				- 19 h				10.00
								<u> </u>		, ,				η.
т	OTAL This Period (last page this line number only)					Г						-		1

S	CHEDULE B (FEC Form 3X)			FC	)R I		NUM	MBER:				PA	GE	133	OF	207
IT	EMIZED DISBURSEMENTS		ate schedule(s)	-		k only	-			_						
			ategory of the ummary Page		X	21b		22		23		24		25		26
_						27		28a		28b		28c		29		30b
	ny information copied from such Reports and Stater															S
	for commercial purposes, other than using the name	ne and addre	iss of any politic	al com	IIIII	lee lo	501	ICIL COI	nunic	outions	s iroi	n suc	in co		lee.	
$ \rangle$	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	חו														
/	CONSERVATIVE MAJORITY FUN															
	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK						Ľ	Date of	f Di	sburse	emer	t				
							1	M	/	D		/ Y		Y	Y	
	Mailing Address 295 FIRSTMERIT CIR						. 1	06	4	0	6		20	014	_	
	City	State	Zip Code													
	AKRON	OH	44307					Trans	act	ion ID	: SE	821B.	4848	32		
	Purpose of Disbursement				-	_										
	USA ePAY BILLING			0	01		Α	mount	t of	Each	Dist	ourser	nent	this	Perio	bc
				Cate		y/	- 1							2	0.00	
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburser	ment For:		ly	/pe		. 1			7	_	7	-			
	Senate	Primary	General													
	President	Other (speci														
	State: District:															
	Full Name (Last, First, Middle Initial)															
Β.	FIRST MERIT BANK						C	Date of	f Dis	sburse	emer	t				
							1	M M	/		D	/ Y		Y	Y	
	Mailing Address 295 FIRSTMERIT CIR						1	06	4	C	)9		20	014		
	City	State	Zip Code													
	AKRON	OH	44307					Trans	act	ion ID	) : SE	321B.	4846	60		
	Purpose of Disbursement			-	-											
	NSF CHECK FEES			0	01		Α	mount	t of	Each	Dist	ourser	nent	this	Perio	bc
				Cate		y/	- [							3	0.00	
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburser	ment For:		Ty	/pe		1	-	1	7		7				
	Senate	Primary	General													
	President	Other (speci														
	State: District:															
	Full Name (Last, First, Middle Initial)															
C.	FIRST MERIT BANK						C	Date of	f Dis	sburse	emer	t				
							1	M	/	D		/ Y		Y	Y	
	Mailing Address 295 FIRSTMERIT CIR						1	06	4	1	0		20	014	_	
	City	State	Zip Code													
	AKRON	OH	44307					Trans	act	ion ID	) : SE	321B.	4846	51		
	Purpose of Disbursement NSF CHECK FEES				-											
				0	01		А	mount	t of	Each	Dist	ourser	nent	this	Perio	bc
	Candidate Name CONSERVATIVE MAJORITY FUN			Cate	egor	y/	1							1	0.00	
		ment For:		Ty	/pe			-	-	7	_	7				
	Senate	Primary	General													
	President	Other (speci														
	State: District:		•													
Г	1						1	-	-		-		-		_	
s	UBTOTAL of Disbursements This Page (optional)							_		7	_	7		60	0.00	
$\vdash$							Ē									
ΙT	OTAL This Period (last page this line number only)	)												_		

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE	NL	JMBER	:			PA	GE	134	OF	207
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hec	k only		ne)		7	-				_	
			Summary Page		×	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
<u> </u>				<u> </u>										-		
Ar Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the name	nents may n ne and addre	ot be sold or use ess of any politic	ed by al com	any nmit	/ pers ttee to	son o sa	for the olicit co	pur ntrit	pose	of s f	solicitii from su	ng ca ch ca	ontribi ommi	ution ttee.	IS
	NAME OF COMMITTEE (In Full)						0 00			Sation	-					
$ \rangle$	CONSERVATIVE MAJORITY FUN	חו														
	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date o	f Di	sburse	em	nent				
							-	M M	/	D		/		014	Y	
	Mailing Address 295 FIRSTMERIT CIR							06			11		2	014	_	
	City	State	Zip Code					_								
	AKRON	OH	44307					Irans	sact		):	SB21B	.484	62		
	Purpose of Disbursement NSF CHECK FEES										_				<b>_</b>	
	Candidate Name			0	01			Amoun	it of	Each	D	isburse	men	t this	Peri	IOD
	CONSERVATIVE MAJORITY FUN	חו		Cate	egoi ype					_			-	2	0.00	)
	Office Sought: House Disburser			13	he		-			7		7				
	Senate	Primary	General													
	President	Other (spec	ify) 🔻													
	State: District:															
Р	Full Name (Last, First, Middle Initial)							Data	( D.	- 1						
В.	FIRST MERIT BANK							Date o								
	Mailing Address 295 FIRSTMERIT CIR						-	м м 06			12			2014	Y	
											-				_	
	City	State	Zip Code					Tran	sact	tion IF	۰ c	SB21E	484	63		
	AKRON	ОН	44307				_	man	Juoi			ODLIE				
	Purpose of Disbursement NSF CHECK FEES			0	001			Amoun	nt of	Fach		)isburse	men	t this	Peri	iod
	Candidate Name					/		Amoun		Lach		//304/30	men		i ch	
	CONSERVATIVE MAJORITY FUN	1D		Cate Ty	egoi ype			L.						3	0.00	)
	Office Sought: House Disburser															
	Senate	Primary	General													
	President	Other (spec	ify) 🔻													
_	State: District:															
c	Full Name (Last, First, Middle Initial)							Date o	fDi	chure	۵m	nont				
0.	FIRST MERIT BANK								_				V	Y	V	
	Mailing Address 295 FIRSTMERIT CIR							06	ľ		13			014	_	
	,	State OH	Zip Code					Trans	sact	tion ID	):	SB21E	.484	25		
	AKRON Purpose of Disbursement		44307			_	-									
	ACCOUNT ANALYSIS FEE			0	01			Amoun	it of	Each	D	)isburse	men	t this	Peri	iod
	Candidate Name			Cate	egol	ry/										- 1 C
	CONSERVATIVE MAJORITY FUN			Ту	ype	, 		L.		7				10	5.00	·
	Office Sought: House Disburser															
	Senate President	Primary Other (spec	General													
	State: District:	Other (spec	iiy) 🔻													
	Biotrot.							_	_	_	-	_	_	_	_	_
s	UBTOTAL of Disbursements This Page (optional)								_				_	15	5.00	
$\vdash$				-		-		<b>;</b>	÷	7		7	-			
т	OTAL This Period (last page this line number only)	)						L.			L.					

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE	NU	JMBER	:			PA	GE <sup>2</sup>	135	OF 2	207
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hec	k onl		ne)		7	_			1.05		
			Summary Page		×	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
<u> </u>				<u> </u>										-		
Ar Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may n ne and addre	ot be sold or use ess of any politic	ed by al com	any nmit	/ pers	son o so	for the olicit co	pur ntrik	pose	of s f	solicitir from su	ig cor ch co	ntribu mmit	tions tee.	;
	NAME OF COMMITTEE (In Full)						0 00			Sationa	-				.00.	
$ \rangle$	CONSERVATIVE MAJORITY FUN	סו														
	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date o	f Di	sburse	em	nent				
							-	M M	/	D			- Y		Y	
	Mailing Address 295 FIRSTMERIT CIR							06			13		20	)14	_	
	City	State	Zip Code					_								
	AKRON	OH	44307					Irans	sact	ion ID	):	SB21B	.4846	64		
	Purpose of Disbursement NSF CHECK FEES										_					
	Candidate Name			0	01			Amoun	it of	Each	D	isburse	ment	this	Perio	bd
	CONSERVATIVE MAJORITY FUN	חו		Cate	egoi ype					_				1(	0.00	
	Office Sought: House Disburser			13	ype		-									
	Senate	Primary	General													
	President	Other (spec	ify) 🔻													
	State: District:															
-	Full Name (Last, First, Middle Initial)															
В.	FIRST MERIT BANK							Date o		sburse	em	nent				
	Mailing Address 295 FIRSTMERIT CIR						-	м м 06	1		р 16			)14	Υ	
	Maning Address 295 FIRSTMERTI CIR							00			10		20		_	
	City	State	Zip Code					Tran	sact	tion IF	۰ د	SB21B	4846	\$5		
	AKRON	ОН	44307					man	5401			00210	0-0			
	Purpose of Disbursement NSF CHECK FEES			0	001			Amoun	t of	Each	П	)isburse	mont	thic	Porio	d
	Candidate Name				-	_		Amoun		Lacii		isbui se	ment	1115	reno	<i>i</i> u
	CONSERVATIVE MAJORITY FUN	1D		Cate T\	egoi ype			L.,						1	0.00	
	Office Sought: House Disburser				/1					,						
	Senate	Primary	General													
	President	Other (spec	ify) 🔻													
	State: District:															
<b>^</b>	Full Name (Last, First, Middle Initial)							Date o	f Di	oburo	~ m	aant				
С.	FIRST MERIT BANK								_							
	Mailing Address 295 FIRSTMERIT CIR							м м 06	1	1	8			)14	Y	
	5	State	Zip Code					Trans	sact	tion ID	):	SB21B	.4846	6		
	AKRON Purpose of Disbursement	ОН	44307				-					-				
	NSF CHECK FEES			0	01			Amoun	+ of	Each	П	)isburse	mont	thio	Dorio	d
	Candidate Name			Cate		n/		Amoun		Laci		ispuise	ment	uns	reno	u
	CONSERVATIVE MAJORITY FUN	ND		Ty	ype	ı y/		L						1(	0.00	
		ment For:					1			,						
	Senate	Primary	General													
	State: District:	Other (spec	ity) 🔻													
																_
。	UBTOTAL of Disbursements This Page (optional)													30	0.00	
Ľ	UPICIAL OF DISDUISEMENTS THIS Fage (UPITOTIAI)								÷	7		7	÷			=
т	OTAL This Period (last page this line number only)	)						L.		1						

S	CHEDULE B (FEC Form 3X)			F	OR		NU	MBER	:			PAGE	E 136	OF	207
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		chec	k only	-	e)			'				
-	-		Summary Page		X	21b		22		23		24	25		26
_						27		28a		28b		28c	29		30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name														i
	NAME OF COMMITTEE (In Full)		less of any point				50			utions	nom	Such	COMIN	liee.	
$ \rangle$		חו													
	CONSERVATIVE MAJORITY FUN	D													
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	FIRST MERIT BANK						[	Date o	f Dis	sburse	ment				
								M M	/		D /	Y	Y Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							06		1	9		2014	_	
	City	State	Zip Code												
	AKRON	OH	44307					Trans	sacti	on ID	: SB2	21B.48	435		
	Purpose of Disbursement														
	CHECK ORDER CHARGE			(	001		ŀ	Amoun	t of	Each	Disbu	irseme	ent this	Perio	d
		D			ego								4	1.93	
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburser			Т	уре				-	7	_	7			
		Primary	General												
	President	Other (spe													
	State: District:	(op -													
	Full Name (Last, First, Middle Initial)														
В.	FIRST MERIT BANK						[	Date o	f Dis	sburse	ment				
								M M	/	D	D /	Y	Y Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							06		1	9		2014	_	
	City	State	Zip Code												
	AKRON	OH	44307					Trans	sacti	ion ID	: SB2	21B.48	8467		
	Purpose of Disbursement			-											
	NSF CHECK FEES			(	001	- 11	A	Amoun	t of	Each	Disbu	irseme	ent this	Perio	d
				Cat	egoi	ry/						_	1	0.00	Π.
	CONSERVATIVE MAJORITY FUN			Т	уре					7	_	7		0.00	1
	Office Sought: House Disbursen		Conoral												
	Senate President	Primary Other (spec	General												
	State: District:	Other (spe	city) 🔻												
_	Full Name (Last, First, Middle Initial)														
С.	FIRST MERIT BANK						[	Date o	f Dis	sburse	ment				
								M M	1	D	D /	Y	Y Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							06		2	0		2014	_	
		<u>.</u>	7. 0. 1												
	5	State OH	Zip Code 44307					Trans	sacti	ion ID	: SB2	21B.48	8468		
	Purpose of Disbursement			_	_	_									
	NSF CHECK FEES			(	001	- 11	ļ	Amoun	t of	Each	Disbu	ırseme	ent this	Perio	bd
	Candidate Name			Cat	ego	rv/					_				
	CONSERVATIVE MAJORITY FUN	1D			уре						_		2	0.00	
	Office Sought: House Disburser			_	_	]									
		Primary	General												
	State: District:	Other (spe	ciiy) 🔻												
									_						
.	UBTOTAL of Disbursements This Page (optional)												7	1.93	
Ľ	CETTE OF DISSUBERIE THIS FAYE (Optional)								-	7	+	7			4
т	OTAL This Period (last page this line number only)														

S	CHEDULE B (FEC Form 3X)			F	OR	LINE	E NU	JMBEF	<b>}</b> :			PA	GE 1	137 (	DF 2	207
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hec	k onl	ly o	ne)		7	_				_	
			Summary Page		X	21b		22		23		24		25		26
_						27		28a		28b		28c		29		30b
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the name	nents may r	not be sold or us	ed by	any	/ pers	son	for the	e pu	rpose	of s f	solicitin	ig con	ntribu mmi#	tions	
	NAME OF COMMITTEE (In Full)		ess of any pointe				10 3		Jiiii	buttona	5 1	TOTT Su				
$ \rangle$		חו														
//																
<u> </u>	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date	of D	isburse	em	nent				
							-	M	VI /	/ D		/	Y		Y	
	Mailing Address 295 FIRSTMERIT CIR							06		2	23		20	14	_	
	City	State	Zip Code				+									
	AKRON	OH	44307					Tran	sac	tion ID	):	SB21B	.48469	9		
	Purpose of Disbursement			-		_	1									
	NSF CHECK FEES			0	01			Amou	nt of	Each	D	isburse	ment	this I	Perio	d
				Cate							1			10	0.00	
	CONSERVATIVE MAJORITY FUN			Ty	уре			<u></u>		7	-	7				
	Office Sought: House Disburser Senate	Primary	General													
	President	Other (spec														
	State: District:	(-	<i>y</i> , <i>y</i>													
_	Full Name (Last, First, Middle Initial)															
В.	FIRST MERIT BANK							Date of	of D	isburse	em	nent				
								M	И	/ D	D	/ /	Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							06		2	24		20	14	_	
	City	State	Zip Code				+									
	AKRON	OH	44307					Tran	sac	tion IE	):	SB21B	.4847	0		
	Purpose of Disbursement			-		-	1									
	NSF CHECK FEES			C	01			Amou	nt of	f Each	D	isburse	ment	this I	Perio	d
		10		Cate										10	0.00	
	CONSERVATIVE MAJORITY FUN			Ту	уре			<u></u>		7	-	7				
	Office Sought: House Disburser Senate	ment For: Primary	General													
	President	Other (spec														
	State: District:	e liter (oper	···· <b>·</b> ·· <b>·</b> ··························													
_	Full Name (Last, First, Middle Initial)						+									
C.	FIRST MERIT BANK							Date of	of D	isburse	em	nent				
								M	И	D	D	/	Y	Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							06		2	25		201	14	_	
	City	State	Zip Code				+									
	AKRON	OH	44307					Tran	sac	tion ID	):	SB21B	.4847 <sup>,</sup>	1		
	Purpose of Disbursement			-			1									
	NSF CHECK FEES			0	01			Amou	nt of	f Each	D	isburse	ment	this I	Perio	d
				Cate	ego	ry/								30	0.00	
	CONSERVATIVE MAJORITY FUN			T	ype		-	<u> </u>		7						
	Office Sought: House Disburser Senate	ment For: Primary	General													
	President	Other (spec														
	State: District:	- (-1-0)	<i>.,</i> .													
Г								_	-					-	-	
s	UBTOTAL of Disbursements This Page (optional)										i.			50	.00	
F																
[т	OTAL This Period (last page this line number only)	)														

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE	NU	MBER:	:			PA	GE <sup>·</sup>	138	OF 2	207
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec	k only	-	ne)		7.85	_			1.0-		
			Summary Page		$ \times $	21b		22		23		24	Ц	25 29		26 20b
<u> </u>		<u> </u>				27		28a		28b	_	28c		_		30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the name	ments may in the maching the metric manual metric met	not be sold or use ress of any politic	ed by al com	any 1mi1	/ pers ttee to	son Disc	tor the	pur ntrik	pose outions	of s fi	solicitin rom sue	ig cor ch co	ntribu mmit	tions tee.	
F	NAME OF COMMITTEE (In Full)		the start point	5611												
$ \rangle$	CONSERVATIVE MAJORITY FUN	JD														
V																
-	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date o	f Di	sburse	em	ient				
							-	M M	/	D		/ /	- Y		Y	
	Mailing Address 295 FIRSTMERIT CIR							06	1	2	27		20	014		
	City	State	Zip Code					_								
	AKRON	ОН	44307					Trans	sact	ion ID	):	SB21B	.4847	2		
	Purpose of Disbursement NSF CHECK FEES					_					_					
	Candidate Name				01			Amoun	τof	⊢ach	U	isburse	ment	this	Perio	d
	CONSERVATIVE MAJORITY FUN	חו		Cate	egoi /pe									1(	0.00	
	Office Sought: House Disburser			1)	,he					7			-			
	Senate	Primary	General													
	President	Other (spec	cify) 🔻													
	State: District:															
_	Full Name (Last, First, Middle Initial)															
В.	FIRST MERIT BANK							Date o	t Di	sburse	em	ient				
	Mailing Address 295 FIRSTMERIT CIR						1	м м 06	/		о 30	· / ·		) 014	Y	
	Maning Address 295 FIRSTMERTI CIR							00			50		20	514		
	City	State	Zip Code					Trans	act	ion ID	۰ د	SB21B	4847	73		
	AKRON	ОН	44307					ITana	saci			50210	.4047	5		
	Purpose of Disbursement NSF CHECK FEES				01			Amoun	t of	Each	П	isburse	mont	thic	Dorio	Ч
	Candidate Name			la de la compañía de		_		Amoun		Lacii		ISDUISE	ment	uns	reno	u
	CONSERVATIVE MAJORITY FUN	1D		Cate T\	egoi /pe			L						1	0.00	
	Office Sought: House Disburser				/1		1			,		,				
	Senate	Primary	General													
	President	Other (spec	cify) 🔻													
_	State: District:															
<u> </u>	Full Name (Last, First, Middle Initial)							Date o	f D:	chura	o~	ont				
С.	FIRST MERIT BANK															
	Mailing Address 295 FIRSTMERIT CIR						1	м м 06	/	3	30	/ /		)14	Y	
	,	State	Zip Code					Trans	sact	ion ID	):	SB21B	.4847	76		
	AKRON Purpose of Disbursement	OH	44307				-				·					
	SPECIAL HANDLING FEE			0	01			Amour	+ ~f	Fach		isburse	mont	thic	Porio	Ч
	Candidate Name			Cate		rv/		Amoun	i Of	Lach	U	isouise	ment	uns	1.6110(	u
	CONSERVATIVE MAJORITY FUN	ND		Ty	/pe	ıy/								30	0.00	
		ment For:					1			-						
	Senate	Primary	General													
	President District	Other (spee	cify) 🔻													
_	State: District:															
	LIPTOTAL of Disburgamenta This Daga (astissal)										7			50	0.00	1
Ľ	<b>UBTOTAL</b> of Disbursements This Page (optional)					• •			÷	7			÷			4
т	OTAL This Period (last page this line number only)	)								7		1				

S	CHEDULE B (FEC Form 3X)			FC	)R	LINF	NU	MBER	:			PA	GE	139	OF	207
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		necl	k only	-	ne)		-			,	_		
			Summary Page		Х	21b		22		23		24		25		26
_						27		28a		28b		28c		29		30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nam															S
	NAME OF COMMITTEE (In Full)						5 50			Jutions		i sut		JIIIII	liee.	
$ \rangle$		חו														
//	CONSERVATIVE MAJORITY FUN	D														
<u> </u>	Full Name (Last, First, Middle Initial)															
Α.	FIRST MERIT BANK							Date c	of Di	sburse	emen	t				
							-	M	1 /	D		/		Y	Y	
	Mailing Address 295 FIRSTMERIT CIR							06		3	0		2	014	_	
	City	State	Zip Code													
	AKRON	OH	44307					Trans	sact	ion ID	: SB	21B.	484	79		
	Purpose of Disbursement			_	-	-										
	TRANSACTION FEE			0	01			Amour	nt of	Each	Disb	urse	men	t this	Peri	od
	Candidate Name	_		Cate	gor	·y/								70	4.50	
	CONSERVATIVE MAJORITY FUN			Ту	vpe				-	7		7	-	10	4.50	
	Office Sought: House Disburser		Caparal													
	Senate President	Primary Other (spec	General													
	State: District:	Other (spec	iiy) 🔻													
	Full Name (Last, First, Middle Initial)															
В.		ANK						Date c	of Di	sburse	emen	t				
								M M	/	D	D	/ Y	Y	Y	Y	
	Mailing Address 11325 RANDOM HILLS RD							04		C	)2	L	2	014	_	
	City S FAIRFAX	State VA	Zip Code 22030					Tran	sact	ion ID	) : SE	21B	.484	12		
	Purpose of Disbursement	VA	22030			_	-									
	SERVICE CHARGE			0	01			Amour	nt of	Each	Disb	urse	men	t this	Peri	od
	Candidate Name			Cate	nor	w/										
	CONSERVATIVE MAJORITY FUN	ID			vpe	y,				7		7			9.98	_
	Office Sought: House Disburser	ment For:														
	Senate	Primary	General													
	President	Other (spec	ify) 🔻													
	State: District:															
C	Full Name (Last, First, Middle Initial)							Date c	of Di	ehured	mon	ł				
0.	FIRST VIRGINIA COMMUNITY BA													Y	V	
	Mailing Address 11325 RANDOM HILLS RD							04	/	0	3	/ Y		014	Y	
	,	State	Zip Code					Tran	sact	ion ID	: SB	21B	.484	15		
	FAIRFAX Purpose of Disbursement	VA	22030													
	SERVICE CHARGE			0	01						<b>D</b> · · ·				<b>.</b> .	
	Candidate Name							Amour	nt of	Each	DISD	urse	men	t this	Peri	oa
	CONSERVATIVE MAJORITY FUN	١D		Cate Ty	egor vpe	y/			_			_	_	1	0.02	
	Office Sought: House Disburser		I	,			1	_		7		7				
	Senate	Primary	General													
	President	Other (spec	ify) 🔻													
_	State: District:															
								- T						70	1 50	
S	<b>UBTOTAL</b> of Disbursements This Page (optional)									7		7		72	4.50	
-	OTAL This Period (last page this line number only)															
1 '	• Into i onou (last page this line number only)	•••••		•••••	• • • • • •									_		

SC	HEDULE B (FEC Form 3X)		F	OR	LIN	ΞN	IUMBEF	1:			PAGE	E 140	OF	207
ITE	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k or	nly o	one)		7.00				_	
		Detailed Summary Page		×	21k	<b>)</b>	22 28a		23 28b	2	4 3c	25		26 30b
An	y information copied from such Reports and Stater	I ments may not be sold or use	ed by	anv		rsor							ution	
	for commercial purposes, other than using the nar													-
	NAME OF COMMITTEE (In Full)													
	CONSERVATIVE MAJORITY FUN	ID												
4	Full Name (Last, First, Middle Initial)													
-	FIRST VIRGINIA COMMUNITY BA	ANK					Date of	of D	isburse	ement				
	Mailing Address 11005 DANDOM LILLO DD					_		1			Y	Y Y	Y	
	Mailing Address 11325 RANDOM HILLS RD						04		0	3	-	2014	_	
		State Zip Code				1	Tran	sac	tion ID	· SB2	IR 48	418		
	FAIRFAX Purpose of Disbursement	VA 22030					man	Sau		. 502	D.40	410		
	GLOBAL SERVICES FEE		0	01			Amour	nt of	Each	Disbur	seme	ent this	Perio	od
	Candidate Name		Cate	ego	ry/						-		0.00	
				ype					7		7	4	8.00	
	Office Sought: House Disburser	nent For: Primary General												
	President	Other (specify)												
	State: District:													
	Full Name (Last, First, Middle Initial)						_							
В.	FIRST VIRGINIA COMMUNITY B	ANK							isburse					
	Mailing Address 11325 RANDOM HILLS RD					-	05	1 /	0	D /	Y	2014	Y	
	City FAIRFAX	State Zip Code VA 22030					Tran	sac	tion ID	: SB2	1B.48	8416		
	Purpose of Disbursement	22030	_	_	_	-								
	SERVICE CHARGE		C	001			Amour	nt of	Each	Disbur	seme	ent this	Perio	od
		חו	Cate										3.74	
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburser	nD	IJ	ype		-			7		7			
	Senate	Primary General												
	President	Other (specify)												
	State: District:					+								
	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BA						Date o	of D	isburse	ement				
•							M	1 /	D	D /	Y	Y Y	Y	
	Mailing Address 11325 RANDOM HILLS RD						05		0	2	L.,	2014		
	City	State Zip Code				+								
	FAIRFAX	VA 22030					Tran	sac	tion ID	: SB2	1B.48	413		
	Purpose of Disbursement SERVICE CHARGE													
	Candidate Name			01	_		Amour	nt of	Each	Disbur	seme	ent this	Perio	od
	CONSERVATIVE MAJORITY FUN	ND	Cate Ty	ego ype									9.98	
	Office Sought: House Disburser	ment For:									7			
	Senate President	Primary General												
	State: District:	Other (specify)												
							-	-		_	_	_	_	_
s	JBTOTAL of Disbursements This Page (optional)										,	7	1.72	
	<b>DTAL</b> This Period (last page this line number only)	)		•••••	•				7		7	_	-	

S	CHEDULE B (FEC Form 3X)			סר	1.10		UMBEF	<u>.</u>			PA	GE 14	1 0	= 207
	EMIZED DISBURSEMENTS	Use separate schedule(s)				nly c		ι.			. , .			
• •		for each category of the Detailed Summary Page		X	2	lb [	22		23		24	2	5 [	26
_					2	7	28a		28b		28c	2	9	30b
	y information copied from such Reports and Staten													
or	for commercial purposes, other than using the nam	ie and address of any politica	al com	nmit	ttee	e to s	olicit c	ontrit	outions	s from	suc	n com	mitte	e.
$\left  \right\rangle$														
//	CONSERVATIVE MAJORITY FUN	D												
<u> </u>	Full Name (Last, First, Middle Initial)													
Α.	FIRST VIRGINIA COMMUNITY BA	NK					Date	of Di	sburse	ement				
							M		D		Y	Y		
	Mailing Address 11325 RANDOM HILLS RD						05		C	08		2014	1	
	City	State Zip Code				-								
	FAIRFAX	VA 22030					Tran	sact	ion ID	): SB2	21B.4	48419		
	Purpose of Disbursement GLOBAL SERVICES FEE			-										
			0	01			Amou	nt of	Each	Disbu	irser	nent th	is Pe	eriod
	Candidate Name CONSERVATIVE MAJORITY FUN		Cate	•									52.2	23
	Office Sought: House Disbursen		IJ	ype		_			7		7	-		
		Primary General												
	President	Other (specify)												
	State: District:													
_	Full Name (Last, First, Middle Initial)													
В.	FIRST VIRGINIA COMMUNITY BA	NK							sburse	ement				
	Mailing Address 11325 RANDOM HILLS RD					_	M 06			)2	Y	2014		
	Maining Address 11325 RANDOM HILLS RD						00			52		2014	+	
	City	State Zip Code					Tror		tion IF		21 B	48414		
	FAIRFAX	VA 22030					ITai	1540		. 36	210.	40414		
	Purpose of Disbursement SERVICE CHARGE		0	01		11	Amou	nt of	Each	Dich	ircor	nent th	ic D	oriod
	Candidate Name		-			ч.	Amou		Lacii	DISDU	ii sei			FILOU
	CONSERVATIVE MAJORITY FUN	D	Cate T\	egoi /pe									9.9	98
	Office Sought: House Disbursen			/1					,		,			
	Senate	Primary General												
		Other (specify)												
_	State: District:													
~	Full Name (Last, First, Middle Initial)	N117					Data	of Di	sburse	omont				
С.	FIRST VIRGINIA COMMUNITY BA	NNK .						_						
	Mailing Address 11325 RANDOM HILLS RD						M 06			)6	Y	2014		
	,	State Zip Code					Trar	isact	tion ID	) : SB	21B.	48417		
	FAIRFAX Purpose of Disbursement	VA 22030				_								
	SERVICE CHARGE		0	01		11.	Amou	nt of	Each	Dich	ircor	nent th		oriod
	Candidate Name		Cate		rv/	۰.	Amou		Lach	DISDU	11301		115 1 0	illou
	CONSERVATIVE MAJORITY FUN	ID		/pe			L.,				-		9.8	32
	Office Sought: House Disbursen			-	-									
	Senate	Primary General												
	State: District:	Other (specify)												
							_							
	UBTOTAL of Disbursements This Page (optional)												72.0	03
Ĕ					· •	-	÷	+			7		-	
т	OTAL This Period (last page this line number only)				. 🌶	•	L.		7		7			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)					BER	:			F	OF 207							
		for each category of the Detailed Summary Page	(c		k only 21b 27		22 28a		23 28b	-	24	L	25 29	26 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																		
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	ID																	
Α.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BA		Date of Disbursement																
	Mailing Address 11325 RANDOM HILLS RD		06 06 2014																
	City S FAIRFAX Purpose of Disbursement	State Zip Code VA 22030		Transaction ID : SB21B.48420															
	GLOBAL SERVICES FEE Candidate Name			Amount of Each Disbursement this Period															
	CONSERVATIVE MAJORITY FUN		ry/	, 129.															
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼																	
в.	State:         District:           Full Name (Last, First, Middle Initial)           INFOCISION MANAGEMENT COI	RP				Date of Disbursement													
	Mailing Address 325 SPRINGSIDE DR		04 03 2014																
	AKRON	State Zip Code OH 44333									Transaction ID : SB21B.71122								
	Purpose of Disbursement DIRECT RESPONSE FUNDRAISING Candidate Name			Amount of Each Disbursement this Per															
	CONSERVATIVE MAJORITY FUN       Office Sought:     House       Senate     Disburser       President     Disburser	nent For: Primary General	ry/	L		22699.40													
	State: District:	Other (specify) ▼																	
C.	Full Name (Last, First, Middle Initial)								Date of Disbursement										
	Mailing Address 325 SPRINGSIDE DR		04 14 2014																
	City S AKRON	Transactio							action ID : SB21B.71123										
	Purpose of Disbursement DIRECT RESPONSE FUNDRAISING Candidate Name	0 Cate	03 eaoi	rv/	Amount of Each Disbursement this Period														
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburser Senate President State: District:			ype					7				1037	6.64					
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)							-	7				3320	5.18					

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 143 OF 207												
ITEMIZED DISBURSEMENTS		Use sepa			k only											
		for each Detailed		X	21b		22		23		24		25		26	
_						27		28a		28b		28c		29		30b
	ny information copied from such Reports and Stater															s
or	for commercial purposes, other than using the nam	ne and add	ress of any politic	al con	nmi	ttee to	soli	icit cor	ntrib	outions	s fr	om su	ch c	ommit	tee.	
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)															
/	CONSERVATIVE MAJORITY FUN	ID														
Ľ	Full Name (Last, First, Middle Initial)															
Α.	INFOCISION MANAGEMENT COP	RP					D	ate of	i Dis	sburse	eme	ent				
			M M / D D / Y Y Y Y													
	Mailing Address 325 SPRINGSIDE DR		04 17 2014													
	City S AKRON	State OH	Zip Code 44333		Transaction ID : SB21B.71124											
	Purpose of Disbursement			-												
	DIRECT RESPONSE FUNDRAISING		03		Amount of Each Disbursement this Period											
	Candidate Name			ego	rv/											
	CONSERVATIVE MAJORITY FUN	D			ype		1			7	_	7		2131	7.57	, 
	Office Sought: House Disburser															
		Primary	General													
	State: District:	Other (spe	city) 🔻													
	Full Name (Last, First, Middle Initial)															
в.		DD					Г	Date of	f Dis	sburse	eme	ent				
		NΓ						M M		D				Y	V	
	Mailing Address 325 SPRINGSIDE DR							04	Ĺ		25	, í		014		
			_													
	5	State			Trans	act	ion ID	): 9	SB21B	.711	25					
	AKRON Purpose of Disbursement	OH	44333													
	DIRECT RESPONSE FUNDRAISING	IDRAISING					Amount of Each Disbursement this Period									
	Candidate Name				03	n/	1									
	CONSERVATIVE MAJORITY FUN	ID		Cate T	ype		1			7				4260	4.23	
	Office Sought: House Disburser	ment For:	1													
	Senate	Primary	General													
	President	Other (spe	cify) 🔻													
	State: District:															
c	Full Name (Last, First, Middle Initial)						Г	)ate of		shured	-m	ont				
0.	LYNNBURN COMMUNICATONS I															
	Mailing Address 39 CEDARWOOD LN					м м 06	/	0	)9			014	Y			
						1		1								
	5	State	Zip Code					Trans	act	ion IN	): 9	SB21B	.483	75		
	CHADDS FORD Purpose of Disbursement	PA	19317													
	PRINTING & MAILSHOP			03						<b>.</b>				<b>_</b> .		
	Candidate Name			_	Amount of Each Disbursement this Period								od			
	CONSERVATIVE MAJORITY FUN	Cate T	ego ype				_	_	_	_		830	9.80			
	Office Sought: House Disburser						1			7		- 7				
	Senate	Primary	General													
	President	Other (spe	cify) 🔻													
_	State: District:															
							- F							7223 <sup>,</sup>	1 60	
Ľ	<b>CUBTOTAL</b> of Disbursements This Page (optional)				•••••		ļ			7		7		, 220		
,	OTAL This Period (last page this line number only)					•	1									
1'	• This i choo (last page this line number Only)	•••••			•••••	• 📂			1	7	_	- 7	-			

S	CHEDULE B (FEC Form 3X)			1 -	~-										OE 207				
	EMIZED DISBURSEMENTS		arate schedule(s)			LINE I k only	-	UMBER:					PAGE 144 OF 207						
11			category of the			21b		22		23	Γ	24		25	26				
		Detailed	Summary Page		F	27	$\vdash$	28a	$\vdash$	28b	$\vdash$	280			30b				
Ar	y information copied from such Reports and Staten	nents mav r	not be sold or us	ed bv	anv	, perso	on f	or the	pur	oose	of	soliciti	ng c	ontribu	utions				
	for commercial purposes, other than using the nam																		
$\left[ \right]$	NAME OF COMMITTEE (In Full)																		
$ \rangle$	CONSERVATIVE MAJORITY FUN	D																	
$\square$						,													
٨	Full Name (Last, First, Middle Initial)						r	Data at	ים י	burge	~~~	ont							
н.	MACKENZIE & COMPANY						Date of Disbursement												
	Mailing Address 2776 S ARLINGTON MILL DR #806									04 03 2014									
		-																	
	5	State	Zip Code		Transaction ID : SB21B.48376														
	ARLINGTON	VA	22206				Amount of Each Disbursement this Period												
	Purpose of Disbursement CONSULTING - COMPLIANCE				01														
	Candidate Name				anoun		Laun	וט	abuist	Jinen	n uns								
	CONSERVATIVE MAJORITY FUN	D		Cate T	egoi ype									150	0.00				
	Office Sought: House Disburser			•.						/		,							
	Senate	Primary	General																
	President	Other (spec	cify) 🔻																
	State: District:																		
P	Full Name (Last, First, Middle Initial)																		
В.	MACKENZIE & COMPANY		1	Date of	Dis			ent											
										D 1	D 15	1		у у 2014	Y				
	Mailing Address 2776 S ARLINGTON MILL DR #80		04 15 2014																
	City			Trans	204	ion ID	<u>،</u>	58245	2 /01	277									
	ARLINGTON											56216	J.40J	,,,					
	Purpose of Disbursement CONSULTING - COMPLIANCE	T		001		,	Amoria	~ f	Each	Γ.	ohurr		1 + + h : -	Doriod					
				A	Amount	. OT	∟acn	וט	sourse	ernen	it this	renod							
	CONSERVATIVE MAJORITY FUN	D		egoi ype	ry/		_					_	650	0.00					
	Office Sought: House Disbursen			1hc					7		7								
	Senate	Primary	General																
	President	President Other (specify)																	
	State: District:																		
	Full Name (Last, First, Middle Initial)																		
C.	MACKENZIE & COMPANY								Dis	sburse	eme	ent							
	Meiling Address 0770.0 ADUNOTON MUL DD "200											/		Y Y	Y				
	Mailing Address 2776 S ARLINGTON MILL DR #80	Ø						05	1		)1	1	2	2014	_				
	City	ty State Zip Code										0004-							
	ARLINGTON									ion ID	): S	SB21E	5.483	5/8					
	Purpose of Disbursement CONSULTING - COMPLIANCE																		
			0	01		A	Amount	of	Each	Di	sburse	emen	nt this	Period					
	Candidate Name CONSERVATIVE MAJORITY FUN		Cate	•	-								525	0.00					
	Office Sought: House Disburser			1	ype				-	7	-	7	_						
	Senate	Primary	General																
	President	Other (spec																	
	State: District:	( ) - · ·																	
	1					1				-		-	-	-	_				
s	UBTOTAL of Disbursements This Page (optional)									7				1325	0.00				
F							j								_				
т	OTAL This Period (last page this line number only)						1			7			_	_					

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE NUMBER: PAGE 145 C					DF	207				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(C		k only 21b 27	22     23     24       28a     28b     28c       on for the purpose of solicitir						25 29		26 30b	
	ny information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUL	ND													
Α.	Full Name (Last, First, Middle Initial) MACKENZIE & COMPANY				Date of Disbursement							Y	Ŷ	Y	
	Mailing Address 2776 S ARLINGTON MILL DR #8						05						014		
	City ARLINGTON Purpose of Disbursement	State Zip Code VA 22206					Trans	sact	ion ID	):S	SB21B.4	4837	79		
	CONSULTING - COMPLIANCE			01		A	Amoun	t of	Each	Dis	sburser	nent	t this I	Perio	d
	CONSERVATIVE MAJORITY FUN		Cate T	egoi ype	ſy/				7		,		5250	0.00	
	Senate President	ment For: Primary General Other (specify) <b>v</b>													
В.						0	Date o		D		ent		014	Y	
	Mailing Address 2776 S ARLINGTON MILL DR #8	State Zip Code							_						
	ARLINGTON Purpose of Disbursement	VA 22206			Transaction ID : \$				SB21B.	483	94				
	CONSULTING - COMPLIANCE Candidate Name		Cate	01	a./	A	Amoun	t of	Each	Dis	sburser	nent	t this I	Perio	d
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburse Senate President State: District:	ND ment For: Primary General Other (specify) ▼		ype	y'				7		- 7		7500	0.00	
C.	Full Name (Last, First, Middle Initial) MACKENZIE & COMPANY					[	Date o	_	sburse		ent	V	Ŷ	V	
	Mailing Address 2776 S ARLINGTON MILL DR #8	06					06	ĺ		26			014	T	
	City ARLINGTON	State Zip Code VA 22206					Trans	sact	ion ID	):5	SB21B.	483	80		
	Purpose of Disbursement CONSULTING - COMPLIANCE & POSTAGE REII Candidate Name CONSERVATIVE MAJORITY FU		Cate	01 egoi ype	ry/	Amount of Each Disbursement this Perio 9500.00							d		
		ment For: Primary General Other (specify) ▼		,,					,						
⊢	<b>UBTOTAL</b> of Disbursements This Page (optional). <b>OTAL</b> This Period (last page this line number only				_				7		- 7		22250	.00	

SCHEDULE B (FEC Form 3X)	lles concrete schedule(s)	FOR LINE NUMBER: PAGE 146 OF						
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	nly one)					
	Detailed Summary Page	X 21b	22 28a	23 24 25 28b 28c 29				
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	······································							
	П							
Full Name (Last, First, Middle Initial)								
A. E M SEILER			Date of Di	isbursement				
			M M /					
Mailing Address STATE ROUTE 7 UNIT 679			04	14 2014				
	State Zip Code							
WINCHESTER	VA 22601		Transact	tion ID : SB21B.48372				
Purpose of Disbursement								
DATA PROCESSING		001	Amount of	Each Disbursement this Per				
	_	Category/		1000.00				
CONSERVATIVE MAJORITY FUN		Туре		1000.00				
Office Sought: House Disburser								
Senate President	Primary General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
B. EM SEILER			Date of Di	isbursement				
			M M /					
Mailing Address STATE ROUTE 7			06	15 2014				
UNIT 679								
5	State Zip Code		Transact	tion ID : SB21B.48374				
WINCHESTER	VA 22601							
Purpose of Disbursement CAGING & DATA ENTRY				Each Disbursement this Peri				
Candidate Name		001	Amount of					
CONSERVATIVE MAJORITY FUN	D	Category/ Type		650.00				
Office Sought: House Disbursen		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,				
Senate	Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
STRATEGIC CAMPAIGN GROUP			Date of Di	isbursement				
			M M /					
Mailing Address 4600 NORTH FAIRFAX DR SUITE 802			04	14 2014				
	State Zip Code							
ARLINGTON	VA 22203		Transact	tion ID : SB21B.48381				
Purpose of Disbursement								
WEBSITE - RACKSPACE SERVER HOSTING & E	MAILS	001	Amount of	Each Disbursement this Peri				
CONSERVATIVE MAJORITY FUN		Туре		2419.00				
Office Sought: House Disburser								
Senate President	Primary General Other (specify) ▼							
State: District:								
District.								
SUBTOTAL of Disburgamenta This Base (antional)				4069.00				
SUBTOTAL of Disbursements This Page (optional)		••••••						

I

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		-		INE NUMBER: PAGE 147 Of only one)							OF 207		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(C		k only 21b 27	y one) 22 $23$ $24$ $28a$ $28b$ $28c$ son for the purpose of soliciting						25 29	26 30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	ID													
Α.	Full Name (Last, First, Middle Initial) STRATEGIC CAMPAIGN GROUP												Y	Y	Y
	Mailing Address 4600 NORTH FAIRFAX DR SUITE 802						04			22	2		20	014	
	City ARLINGTON Purpose of Disbursement	State Zip Code VA 22203				Т	ans	act	ion	ID :	: Se	321B.4	1838	32	
	WEBSITE MAINTENANCE & MAJOR DONOR PR Candidate Name	OGRAM	C	001		Am	oun	t of	Eac	h [	Dist	oursen	nent	this	Period
	CONSERVATIVE MAJORITY FUN	ID	Cat T	egoi ype			_		7			7		7052	2.78
	Office Sought: House Disbursed Senate President District:	ment For: Primary General Other (specify) ▼													
в.							M	_	sbur		D			Y	Y
	Mailing Address 4600 NORTH FAIRFAX DR SUITE 802						05			01	1		20	014	
	ARLINGTON	State Zip Code VA 22203				Transaction ID : SB21B.					B21B.4	4838	33		
	Purpose of Disbursement CONSULTING - MANAGEMENT		(	001 Amount of Eacl				mount of Each Disbursement this Period					Period		
	Candidate Name CONSERVATIVE MAJORITY FUN Office Sought: House Disburse	<b>ID</b> ment For:	Cate T	egoi ype					,			7		750	0.00
	State: District:	Primary General Other (specify) ▼													
C.	Full Name (Last, First, Middle Initial) STRATEGIC CAMPAIGN GROUP						e of	f Di	sbur	ser	-		V	Y	Y
	Mailing Address 4600 NORTH FAIRFAX DR SUITE 802						05		L	27				014	
	City ARLINGTON Purpose of Disbursement	State Zip Code VA 22203		Tr					ion	ID	: Se	B21B.4	4838	34	
	CONSULTING - MANAGEMENT & MAJOR DONO Candidate Name	R PROGRAM	Cate	001	rv/	Am	oun	t of	Eac	h [	Dist	oursem	nent	this	Period
	CONSERVATIVE MAJORITY FUN Office Sought: House Disburse	ND ment For:		ype					7		15646	6.78			
	State: District:	Primary General Other (specify) v													
s	UBTOTAL of Disbursements This Page (optional)				• •			l	7	l		7	;	30199	.56
Г	OTAL This Period (last page this line number only	)			•				7	l		7			

S	CHEDULE B (FEC Form 3X)			FC	DR	LINE N	NE NUMBER: PAGE 148 OF						207			
IT	EMIZED DISBURSEMENTS	Use separate for each cate Detailed Sun	egory of the	(cl		21b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						26			
			ary r ugo			27		28a		28b		28c	29	9	30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
$\overline{\}$	NAME OF COMMITTEE (In Full)															
	CONSERVATIVE MAJORITY FUN	ID														
Δ.	Full Name (Last, First, Middle Initial) STRATEGIC CAMPAIGN GROUP						Г	Date of	Dis	sburse	eme	ent				
								M M	/	D		/ Y	Y	Y Y		
	Mailing Address 4600 NORTH FAIRFAX DR SUITE 802							06		09	9		2014	-		
	City S ARLINGTON		p Code 2203					Trans	acti	ion ID	: S	B21B.4	48386			
	Purpose of Disbursement		2203	-	_											
	LIST MAINTENANCE, CLEAN-UP & ENHANCEME	INTS		0	03		A	Amount	of	Each	Dis	sbursen	nent th	is Pei	riod	
	Candidate Name CONSERVATIVE MAJORITY FUN	п		Cate	egor /pe	·y/	1						32	263.6	7	
	Office Sought: House Disburser			13	ype											
	Senate	Primary	General													
	State: District:	Other (specify)	▼													
_	Full Name (Last, First, Middle Initial)															
В.	WASHINGTON INTELLIGENCE B	UREAU					D	Date of	Dis	sburse	eme	ent				
	Mailing Address 4128 PEPSI PL						1	м м 05	/	2	D 10	/ Y	2014		1	
	Maining Address 4128 PEPSIPE						÷	05	1		0		2014			
	5		p Code				Transaction ID : SB21B.48					48387				
	CHANTILLY Purpose of Disbursement	VA 2	0151	_												
	CAGING SERVICES		001				Amount of Each Disbursement this Pe						is Pei	riod		
	Candidate Name CONSERVATIVE MAJORITY FUN	AJORITY FUND					y/							100.69		
	Office Sought: House Disburser			13	he		_									
	Senate	Primary	General													
	State: District:	Other (specify)	▼													
	Full Name (Last, First, Middle Initial)															
C.	WASHINGTON INTELLIGENCE B	UREAU					D	Date of	Dis	sburse	eme	ent				
							1	M M	/	D		/ Y	2014		1	
	Mailing Address 4128 PEPSI PL						÷	06		17	1		2014			
	5		p Code					Trans	acti	ion ID	: s	B21B.	48421			
	CHANTILLY Purpose of Disbursement	VA 20	0151		_											
	CÁGING & ESCROW SERVICES			0	01		A	Amount	of	Each	Dis	bursen	nent th	is Pei	riod	
	Candidate Name CONSERVATIVE MAJORITY FUN	חו		Cate		·y/	1						1(	00.00	0	
	Office Sought: House Disburser			IJ	ype				-	7	_					
	Senate	Primary	General													
	President	Other (specify)	▼													
	State: District:						_									
s	UBTOTAL of Disbursements This Page (optional)												43	864.36	6	
⊢							Ĩ			,			2504	31.01		
ľΤ	OTAL This Period (last page this line number only)						1			7			2001	51.0		

SCHEDULE B (FEC Form 3X)		FOR	1 LIN	IE N	UMBFR	:			PA	GE 1	49 O	F 207
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		eck o	LINE NUMBER: PAGE 149 k only one) 21b 22 🗙 23 24 25								
	Detailed Summary Page		21	L	22 	×	23 28b		24 28c		25 29	26 30k
Any information copied from such Reports and States or for commercial purposes, other than using the nar			ny pe	ersor	n for the		oose (		solicitin	g con	tributi	ons
NAME OF COMMITTEE (In Full)												
	1D											
	ERVATIVE STRIKEFORCE     Date of Disbur       dress 2776 S ARLINGTON MILL DRIVE #806     06											
- CONSERVATIVE STRIKEFORCE						_	D		_	Y	Y	Y
Mailing Address 2776 S ARLINGTON MILL DRIVE								)9		201		
ARLINGTON	State Zip Code VA 22206				Trans	acti	on ID	):S	B23.4	8398		
Purpose of Disbursement POLITICAL CONTRIBUTION		011	1		Amoun	t of	Each	Dis	sburser	ment i	this P	eriod
Candidate Name		Catego	orv/	4								
CONSERVATIVE STRIKEFORCE		Тур					7	_	- 7		5000.	00
Senate President	ment For: Primary General Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SENATOR BOB SM</b>	ШТН				Date o	_						
Mailing Address PO BOX 21					06	/	D 1	D 11	/ Y	20	14	Y
MERRIMACK	StateZip CodeNH03054	011		Trans	sacti	ion ID	):S	SB23.4	8401			
Purpose of Disbursement POLITICAL CONTRIBUTION		011	1		Amoun	t of	Each	Dis	sburser	nent	this P	eriod
Candidate Name BOB SMITH		Catego Type			2500.00							00
Office Sought: House Disburse	ment For: 2014 Primary General Other (specify)	Type	<u>е</u>				7					
State: NH District: 00												
Full Name (Last, First, Middle Initial)					Date o	f Dis			_			
Mailing Address					M = M	/	D	D	/ Y	Ŷ	Y	Y
City	State Zip Code			+								
Purpose of Disbursement		-	-		٨٣٥٠٠	+ ~ <sup>r</sup>	Each		hurce	nort	thia D	oriod
Candidate Name		Catego Type			Amoun		Each	Dis	sourser	nent	unis P	enoa
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) ▼						,					
					_	-	_	_	_		_	-
SUBTOTAL of Disbursements This Page (optional)			🕨	-	Ļ.	-	7		- 7	-	7500.0	00
TOTAL This Period (last page this line number only	)		🕨				7				7500.0	00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 150 OF 207							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl 21b 27	y one)							
Any information copied from such Reports and State or for commercial purposes, other than using the na			son for the purpose of soliciting contributions							
	ND									
Full Name (Last, First, Middle Initial) A. ELECT SHERIFF JOE ARPAIO	CT SHERIFF JOE ARPAIO g Address PO BOX 5066 TSDALE AZ 85261 se of Disbursement									
Mailing Address PO BOX 5066			04 11 2014							
City SCOTTSDALE			Transaction ID : SB29.48395							
POLITICAL CONTRIBUTION		011	Amount of Each Disbursement this Period							
Candidate Name JOE ARPAIO		Category/ Type	2500.00							
Office Sought: House Disburse Senate President State: District:	ment For: 2014 Primary									
Full Name (Last, First, Middle Initial) B.			Date of Disbursement							
Mailing Address										
City	State Zip Code									
Purpose of Disbursement	[	Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial)			Date of Disbursement							
Mailing Address										
City	State Zip Code									
Purpose of Disbursement		Category/	Amount of Each Disbursement this Period							
Senate President	ment For: Primary General Other (specify) ▼	Туре								
State: District:										
SUBTOTAL of Disbursements This Page (optional).			2500.00							
TOTAL This Period (last page this line number only	/)	••••••	2500.00							

SCHEDULE D (FEC Form 3X)       Image: Constraint of the second seco
Excluding Loans       for each numbered line)       (check only one)       9         NAME OF COMMITTEE (in Full)       CONSERVATIVE MAJORITY FUND         A. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):       VOTER CONTACT & SOLICITATION CALLS         Mailing Address       325 SPRINGSIDE DR       VOTER CONTACT & SOLICITATION CALLS         City       State       Zip Code         AKRON       OH       44333         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         Image: State       Sig Code         Amount Incurred This Period       Payment This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State         City       State       Zip Code         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         Image: State       Zip Code       Nature of Debt (Purpose):
Excluding Loans       numbered line)       Image: 10         NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND       Image: 10         A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORP       Nature of Debt (Purpose): VOTER CONTACT & SOLICITATION CALLS         Mailing Address       325 SPRINGSIDE DR       VOTER CONTACT & SOLICITATION CALLS         City       State       Zip Code AKRON       OH         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         01       9647.93       96997.84         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State         City       State       Zip Code         Mailing Address       City       State         City       State       Zip Code
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         INFOCISION MANAGEMENT CORP       Nature of Debt (Purpose):         Mailing Address       325 SPRINGSIDE DR         City       State       Zip Code         AKRON       OH       44333         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         Mailing Address       9647.93         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       Zip Code         Mailing Address       Zip Code
INFOCISION MANAGEMENT CORP         Mailing Address       325 SPRINGSIDE DR         City       State       Zip Code         AKRON       OH       44333         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         Amount Incurred This Period       Payment This Period         Amount Incurred This Period       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State         City       State       Zip Code
INFOCISION MANAGEMENT CORP         Mailing Address       325 SPRINGSIDE DR         City       State       Zip Code         AKRON       OH       44333         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         9647.93       96997.84       0.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code
City       State       Zip Code         AKRON       OH       44333         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         Amount Incurred This Period       Payment This Period         Amount Incurred This Period       Outstanding Balance at Close of This Period         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State       Zip Code
AKRON       OH       44333         Outstanding Balance Beginning This Period       Transaction ID : SD10.4163         87349.91       Amount Incurred This Period       Payment This Period         Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         9647.93       96997.84       0.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State         City       State       Zip Code
Outstanding Balance Beginning This Period     Transaction ID : SD10.4163       Amount Incurred This Period     Payment This Period     Outstanding Balance at Close of This Period       9647.93     96997.84     Outstanding Balance at Close of This Period       B. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Mailing Address     City     State
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Mailing Address     Zip Code
Amount Incurred This Period       Payment This Period       Outstanding Balance at Close of This Period         9647.93       96997.84       0.00         B. Full Name (Last, First, Middle Initial) of Debtor or Creditor       Nature of Debt (Purpose):         Mailing Address       City       State
9647.93     96997.84     0.00       B. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Mailing Address     City     State
9647.93     96997.84     0.00       B. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Mailing Address     City     State
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor     Nature of Debt (Purpose):       Mailing Address     City     State
Mailing Address       City     State
City State Zip Code
City State Zip Code
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
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)
1) SUBTOTALS This Period This Page (optional)
1) SUBTOTALS This Period This Page (optional)

ITE	EMIZED INDEPENDENT EXPENDITURE	S				PAGE 152 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	IDENTIFICATION NUMBER V
		J			С	C00524454
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	
	Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]			Di	ate of Publ	lic Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR			A	mount	
	City	State	Zip Code			491.98
	AKRON	OH	44333			D: SE.4105 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04 04	/ D D / Y Y Y Y 01 / 2014
	Name of Federal Candidate		Support	Office So	ought:	House District: 00
	MARK BEGICH		X Oppose	Pre	esident	Senate State: <u>AK</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	491.98	Disburse 2014	ment For:	Primary X General
	Full Name of Payee INFOCISION MANAGEMENT COF [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	۲P			mount	lic Distribution/Dissemination
	City	State	Zip Code	— Г		2023.24
	AKRON	ОН	44333			ID: SE.4116 oursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04	/ D D / Y Y Y Y 2014
	Name of Federal Candidate		Support	Office So	ought:	House District: 00
	MARK L PRYOR		X Oppose	Pr	esident	Senate State: <u>AR</u>
	Calendar Year-To-Date Per Election for Office Sought		2023.24	Disburse 2014	ement For:	Primary X General
	(a) SUBTOTAL of Itemized Independent Expendit	ures				0.00
	(b) SUBTOTAL of Uniternized Independent Expen	iditures		••		
	(c) TOTAL Independent Expenditures			·· ►		
	Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	02	/ D D	2016
	Signature					

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 153 OF 207 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
[MEMO ITEM]	04 01 2014
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	3625.03
AKRON OH 44333	Transaction ID : SE.4117 Date of Disbursement or Obligation
Purpose of Expenditure         Category/           VOTER CONTACT CALLS (4/01 - 4/07/2014)         004	04 / 01 / Y Y Y Y 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
MARK E UDALL Oppose	President X Senate State: CO
	ursement For: Primary X General
Per Election for Office Sought	Other (specify)
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
[МЕМО ІТЕМ]	04 01 2014
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	3159.21
AKRON OH 44333	Transaction ID : SE.4118 Date of Disbursement or Obligation
Purpose of Expenditure     Category/       VOTER CONTACT CALLS (4/01 - 4/07/2014)     Category/	Date of Disburgement of Congation       Mod       01       Y       Y       2014
Name of Federal Candidate Support Office	e Sought: House District: 00
MARY L LANDRIEU	President X Senate State: LA
Calendar Year-To-Date Disb Per Election for Office Sought 3159.21	ursement For: Primary 🗙 General
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed]	02 13 2016
Signature	

116	MIZED INDEPENDENT EXPENDITOR	ES				PAGE 154 FOR LINE 2	OF 207 24 OF FORM 3X
					FEC I		ON NUMBER V
	ONSERVATIVE MAJORITY FUN	ID			С	C00524454	
Ch	eck if 24-hour report 48-hour report	New rep	port Amends rep	ort filed or		/ D D /	Y Y Y Y Y
	Full Name of Payee			0	Date of Publ	lic Distribution	Dissemination
	INFOCISION MANAGEMENT CORP [MEMO ITEM]				04 <sup>M</sup>	/ 01 /	2014 Y
	Mailing Address 325 SPRINGSIDE DR			A	Amount		
	City	State	Zip Code				3724.72
	AKRON	OH	44333			D:SE.4119 oursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04	/ D D /	2014
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	AL FRANKEN		X Oppose	Pi	resident	X Senate	State: MN
	Calendar Year-To-Date Per Election for Office Sought		3724.72	Disburse 2014	ement For:	Primary	General
	Full Name of Payee INFOCISION MANAGEMENT CC [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	IRP			Amount	lic Distribution	/Dissemination
	City	State	Zip Code				711.60
	AKRON	ОН	44333			ID: SE.4120 oursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04	/ 01 /	Y Y Y Y 2014
	Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
	JOHN E WALSH		X Oppose	P	resident	X Senate	State: MT
	Calendar Year-To-Date Per Election for Office Sought		711.60	Disburs 2014	ement For:	Primary	General
	(a) SUBTOTAL of Itemized Independent Expendent	litures		▶			0.00
	(b) SUBTOTAL of Unitemized Independent Expe	enditures		··· •			
	(c) TOTAL Independent Expenditures			••• •		-7-	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized					
	SCOTT B MACKENZIE	[Electroi	nically Filed] Date	o 02	/ 13	201	ү ү 6
	Signature						

116	MIZED INDEPENDENT EXPENDITOR	ES				PAGE 155	OF 207 24 OF FORM 3X
					FEC	IDENTIFICATI	ON NUMBER 🔻
	ONSERVATIVE MAJORITY FUN	D			С	C00524454	
Ch	eck if 24-hour report 48-hour report	New rep	oort Amends rep	ort filed	on	/ D D /	Y Y Y Y Y
	Full Name of Payee				Date of Pub	lic Distribution	/Dissemination
	INFOCISION MANAGEMENT CORP [MEMO ITEM]				<sup>M</sup> 04	/ D D / 01	Y Y Y Y Y 2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·		946.49
	AKRON	ОН	44333	۲ ۱	Transaction I Date of Dist	D:SE.4121	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04	/ 01 /	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	JEANNE SHAHEEN		X Oppose		President	X Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought		946.49	Disbur 2014	sement For:	Primary	General
	Full Name of Payee INFOCISION MANAGEMENT CO [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	RP			Date of Pub	lic Distribution	/Dissemination
	City	State	Zip Code		· · · · ·		6801.78
	AKRON	ОН	44333	-	Fransaction Date of Dist	ID : SE.4122 bursement or	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04	/ 01 /	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	KAY R HAGAN		X Oppose		President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought		6801.78	Disbur 2014	rsement For:	Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expend	litures		▶		1 1 1	0.00
	(b) SUBTOTAL of Unitemized Independent Expe	nditures		►			
	(c) TOTAL Independent Expenditures			▶		7-	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
	SCOTT B MACKENZIE	[Electron	<i>nically Filed]</i> Dat	M 02	M / D 13	201	ү ү 6
	Signature						

116	MIZED INDEPENDENT EXPENDITOR	ES				PAGE 156 FOR LINE 24	OF 207 4 OF FORM 3X
					FEC	IDENTIFICATIO	N NUMBER 🔻
	ONSERVATIVE MAJORITY FUN	D			С	C00524454	
Ch	eck if 24-hour report 48-hour report	New rep	port Amends rep	oort filed	on	/ D D /	Y Y Y Y Y Y
	Full Name of Payee				Date of Pub	lic Distribution/[	Dissemination
	INFOCISION MANAGEMENT CORP [MEMO ITEM]				<sup>M</sup> 04	/ D D / 01	Y Y Y Y 2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·		2763.41
	AKRON	ОН	44333		Transaction I Date of Dist	ID:SE.4123 oursement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	1	04	/ D D /	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House [	District: 00
	JEFFREY A MERKLEY		X Oppose		President	Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought		2763.41	Disbu 2014	rsement For:	Primary	General
	Full Name of Payee INFOCISION MANAGEMENT CO [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	RP			Amount	lic Distribution/l	2014
	City	State	Zip Code				5752.54
	AKRON	ОН	44333	,	Transaction Date of Disl	ID: SE.4124 bursement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		04	/ D D / 01	2014
	Name of Federal Candidate		Support	Office	Sought:	House I	District: 00
	MARK J WARNER		X Oppose		President	X Senate	State: VA
	Calendar Year-To-Date Per Election for Office Sought		5752.54	Disbu 2014	rsement For:	Primary	X General
	(a) SUBTOTAL of Itemized Independent Expend	litures		···· ►			0.00
	(b) SUBTOTAL of Unitemized Independent Expe	nditures		▶			
	(c) TOTAL Independent Expenditures			▶			
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Da	te 02	2 / D	2016	
	Signature		Da				

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 157 OF 207 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V	-
C	ONSERVATIVE MAJORITY	FUND				C00524454	
Ch	eck if 24-hour report 48-hour re	eport New repo	ort Amends r	eport filec	I on		
	Full Name of Payee				Date of Publi	ic Distribution/Dissemination	
	[MEMO ITEM]				04	/ D D / Y Y Y Y 24 2014	1
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			1721.93	1
	AKRON	ОН	44333		Transaction II Date of Disbu	D : SE.48325 ursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 0	04	04	/ D D / Y Y Y Y 24 2014	
	Name of Federal Candidate		Suppor	t Offic	e Sought:	House District: 00	_
	MARK BEGICH			•	President	X Senate State: AK	-
	Calendar Year-To-Date Per Election for Office Sought		2213.91	Disb 2014	ursement For:	Primary X General	_
	Full Name of Payee INFOCISION MANAGEMEN [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	Г CORP			Date of Publi	ic Distribution/Dissemination	]
	City	State	Zip Code			7081.34	1
	AKRON	ОН	44333		Transaction II	D: SE.48326 ursement or Obligation	l
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 0	04	04	/ D D / Y Y Y Y 2014	]
	Name of Federal Candidate		Suppor	t Offic	e Sought:	House District: 00	_
	MARK L PRYOR			e 🗌	President	X Senate State: AR	_
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	9104.58	Disb 2014	ursement For: <sup>1</sup> Other (sp	Primary X General	_
	(a) SUBTOTAL of Itemized Independent E	xpenditures		····· ►		0.00	
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		••••• •	-7-		
	(c) TOTAL Independent Expenditures			►			]
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed]	Date 0	)2 / D D	/ Y Y Y Y 2016	
	Signature						

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 158 OF 207 FOR LINE 24 OF FORM 3X	<
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V	-
C	ONSERVATIVE MAJORITY	FUND				C00524454	
					U		
Ch	eck if 24-hour report 48-hour	report New repo	ort Amends re	port filed	l on		
	Full Name of Payee				Date of Publi	ic Distribution/Dissemination	
	[MEMO ITEM]				04	/ D D / Y Y Y Y 24 2014	1
	Mailing Address 325 SPRINGSIDE DR				Amount		1
	City	State	Zip Code			12687.61	1
	AKRON	ОН	44333		Transaction II Date of Disb	D : SE.48327 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004	4	04	/ D D / Y Y Y Y 24 2014	]
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	_
	MARK E UDALL		X Oppose		President	X Senate State: <u>CO</u>	_
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	16312.64	Disbu 2014	ursement For:	Primary X General	
	Full Name of Payee INFOCISION MANAGEMEN [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	T CORP			Date of Publ	ic Distribution/Dissemination	]
	City	State	Zip Code			11057.22	1
	AKRON	ОН	44333		Transaction I		ľ
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004	4	04	/ D 24 / Y Y Y Y 2014	]
	Name of Federal Candidate		Support	Offic	e Sought:	House District: 00	_
	MARY L LANDRIEU		X Oppose		President	X Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	14216.43	Disb 2014		Primary X General	
	(a) SUBTOTAL of Itemized Independent I	Expenditures		►		0.00	]
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		►			]
	(c) TOTAL Independent Expenditures			•••••			]
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Da	ate 0	)2 / 13	/ Y Y Y Y Y Y Y Z016	
	Signature						

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 159 FOR LINE 2	OF 207 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I		
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
						000021101	
Ch	eck if 24-hour report 48-hour r	report New report	ort Amends r	report filed	d on	/ D D /	Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publ	ic Distribution/	Dissemination
	[MEMO ITEM]				04	/ D D / 24	Y Y Y Y 2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				13036.51
	AKRON	OH	44333		Transaction II Date of Disb	D:SE.48329 ursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type	004	<sup>M</sup> 04	/ D D / 24	2014
	Name of Federal Candidate		Suppor	t Offic	e Sought:	House	District: 00
	AL FRANKEN			e 🗌	President	X Senate	State: <u>MN</u>
	Calendar Year-To-Date Per Election for Office Sought		16761.23	Disb 2014	ursement For:	Primary	X General
					Other (s	pecify) ►	
	Full Name of Payee INFOCISION MANAGEMEN	T CORP				lic Distribution/	
					04	/ D D / 24	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·		2490.61
	AKRON	ОН	44333		Transaction I	D:SE.48330 oursement or C	
	Purpose of Expenditure		Category/			/ D D /	Y Y Y Y
	VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Туре 0	04	04	24	2014
	Name of Federal Candidate		Suppor	rt Offic	e Sought:	House	District: 00
	JOHN E WALSH			e	President	X Senate	State: MT
	Calendar Year-To-Date Per Election for Office Sought		3202.21	Disb 2014		Primary	X General
	Ter Election for Onice Sought				Other (s	pecify) 🕨	
	(a) SUBTOTAL of Itemized Independent E	Evoondituroo					0.00
	(a) SUBTOTAL OF REINIZED INdependent L			•••••	-7-		0.00
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures		►			
	(c) TOTAL Independent Expenditures						
				•			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE				- M / D D	/	YY
	Signature	[Electron	ically Filed]	Date 0	)2 13	201	
	Cignataro						

ITE	EMIZED INDEPENDENT EXPENDI	TURES				PAGE 160	OF 207 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II		
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
					U		
Ch	eck if 24-hour report 48-hour re	eport New rep	ort Amends re	port filed	on	/ D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO				Date of Publi	ic Distribution/E	Dissemination
	[MEMO ITEM]				04	/ D D / 24	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				3312.71
	AKRON	ОН	44333		Transaction II Date of Disb	D:SE.48331 ursement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	EXT TWO WEEKS	Category/ Type 00	4	04	/ D D / / 24	2014 Y
	Name of Federal Candidate		Support	Office	e Sought:	House [	District: 00
	JEANNE SHAHEEN		X Oppose		President	X Senate	State: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	4259.20	Disbu 2014	ursement For:	Primary	X General
	Full Name of Payee INFOCISION MANAGEMENT [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	CORP			Date of Publ	ic Distribution/I	Dissemination
	City	State	Zip Code				23806.24
	AKRON	ОН	44333		Transaction I	D:SE.48332 ursement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	EXT TWO WEEKS	Category/ Type	4	04	/ <u>24</u>	2014
	Name of Federal Candidate		Support	Offic	e Sought:	House [	District: 00
	KAY R HAGAN		X Oppose		President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought		30608.02	Disb 2014		Primary	K General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		····· <b>Þ</b>			0.00
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		▶			
	(c) TOTAL Independent Expenditures			▶		7-	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed] Da	ate C	2 / D D	/ Y Y 2016	
	Signature					-	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 161 OF 207 FOR LINE 24 OF FORM	
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER	
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	Ť.
Ch	eck if 24-hour report 48-hour	report New report	ort Amends	report filec	l on		Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination	ı
	[MEMO ITEM]	OKF			04	/ D D / Y Y Y 24 2014	Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			9671.95	
	AKRON	ОН	44333		Transaction II Date of Disb	D: SE.48333 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type	004	04	/ D D / Y Y Y 24 2014	Y
	Name of Federal Candidate		Suppo	ort Offic	e Sought:	House District: 00	
	JEFFREY A MERKLEY		X Oppos	e	President	Senate State: OR	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	12435.36	Disb 2014	ursement For:	Primary X Gene	ral
	Full Name of Payee INFOCISION MANAGEMEN [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	T CORP			Amount	ic Distribution/Dissemination	
	City	State	Zip Code		· · · · ·	20133.89	П
	AKRON	ОН	44333		Transaction I	D: SE.48334 bursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type	004	04	/ D D / Y Y Y 24 / 2014	Y
	Name of Federal Candidate		Suppo	ort Offic	e Sought:	House District: 00	)
	MARK J WARNER			se	President	X Senate State: VA	<u>،                                     </u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	25886.43	Disb 2014		Primary X Gene	ral
	(a) SUBTOTAL of Itemized Independent I	Expenditures		······ ►		0.00	
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		►			
	(c) TOTAL Independent Expenditures			•			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed]	Date	)2 / D D	/ Y Y Y Y Y 2016	
	Signature		_				

116	EMIZED INDEPENDENT EXPENDITOR	HES .				FOR LINE 2	OF 207 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC		ON NUMBER V
C	ONSERVATIVE MAJORITY FUN	٧D			С	C00524454	
Ch	eck if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed o	on	/ D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORF	5			Date of Pub	lic Distribution	Dissemination
					<sup>M</sup> 04	/ 01 /	2014 Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				491.98
	AKRON	ОН	44333	٦		D: SE.71039 Dursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		05 <sup>M</sup>	/ D D / 09	y y y y 2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK BEGICH		X Oppose		President	X Senate	State:AK
	Calendar Year-To-Date Per Election for Office Sought		2705.89	Disbur 2014	rsement For:	Primary	X General
						specify) ►	
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP			M M	/ D D /	/Dissemination
	Mailing Address 325 SPRINGSIDE DR				04	01	2014
	323 SPRINGSIDE DR				Amount		
	City	State	Zip Code				2023.24
	AKRON	ОН	44333	-		ID:SE.71040	Obligation
	Purpose of Expenditure		Category/		M M	/ D D /	YYYYY
	VOTER CONTACT CALLS (4/01 - 4/07/2014)		Type 004		05	09	2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK L PRYOR		X Oppose		President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		11127.82	Disbui 2014	rsement For:	Primary	General
					Other (s	specify) ►	
	(a) SUBTOTAL of Itemized Independent Expen	nditures		🕨			2515.22
					-7	-7-	
	(b) SUBTOTAL of Unitemized Independent Exp	penditures		▶			
	(c) TOTAL Independent Expenditures						
				••• •		-7	
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	indidate or authorized					
	SCOTT B MACKENZIE	[Elastra-	ically Filed!	M	M / D I		Y Y
	Signature	[Electron	<i>uically Filed]</i> Date	e 02	13	201	0

ITE	EMIZED INDEPENDENT EXPENDITUR	<b>IES</b>				PAGE 163 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY FUN	١D				C00524454
					U	
Ch	eck if 24-hour report 48-hour report	New rep	oort Amends rep	ort filed	on	
	Full Name of Payee INFOCISION MANAGEMENT CORP	)			Date of Publi	ic Distribution/Dissemination
					04 <sup>M</sup>	/ D D / Y Y Y Y 01 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			3625.03
	AKRON	OH	44333		Transaction II Date of Disb	D : SE.71041 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		05	/ D D / Y Y Y Y 09 / 2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	MARK E UDALL		X Oppose		• L	Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	19937.67	Disbu 2014	rsement For:	Primary X General
	Full Name of Payee					lic Distribution/Dissemination
	INFOCISIÓN MANAGEMENT CO	ORP			M M	/ D D / Y Y Y
	Mailing Address 325 SPRINGSIDE DR				04	01 2014
	323 SPRINGSIDE DR				Amount	
	City	State	Zip Code			3159.21
	AKRON	ОН	44333		Transaction II	D : SE.71042 bursement or Obligation
	Purpose of Expenditure		Category/		M M	/ D D / Y Y Y
	VOTER CONTACT CALLS (4/01 - 4/07/2014)		Type 004		05	09 2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	MARY L LANDRIEU		X Oppose		President	X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		17375.64	Disbu 2014		Primary X General
	(a) SUBTOTAL of Itemized Independent Expense	ditures		►		6784.24
	(b) SUBTOTAL of Unitemized Independent Exp	enditures		▶		
	(c) TOTAL Independent Expenditures					
				▶		
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized				
	SCOTT B MACKENZIE	[Flortros	iically Filed]	M	M / D D	
	Signature		Dat	te 0	2 13	2016

ITE	EMIZED INDEPENDENT EXPENDITUR	IES				PAGE 164 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY FUN	1D			С	C00524454
Ch	eck if 24-hour report 48-hour report	New rep	oort Amends rep	oort filed	on	/ D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Publ	lic Distribution/Dissemination
					04	/ D D / Y Y Y Y 01 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			3724.72
	AKRON	OH	44333	-	Transaction I Date of Disb	D: SE.71043 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		<sup>M</sup> 05	/ D D / Y Y Y Y 09 / 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	AL FRANKEN		X Oppose		Ū L	Senate State: MN
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	20485.95	Disbu 2014	rsement For:	Primary X General
	Full Name of Payee					lic Distribution/Dissemination
	INFOCISIÓN MANAGEMENT CO	)RP			M M	/ D D / Y Y Y
	Mailing Address				04	01 2014
	325 SPRINGSIDE DR				Amount	
	City	State	Zip Code		· · · · ·	711.60
	AKRON	ОН	44333		Transaction I	D : SE.71044 bursement or Obligation
	Purpose of Expenditure		Category/		M M	/ D D / Y Y Y Y
	VOTER CONTACT CALLS (4/01 - 4/07/2014)		Type 004		05	09 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	JOHN E WALSH		X Oppose		President	Senate State: <u>MT</u>
	Calendar Year-To-Date Per Election for Office Sought		3913.81	Disbu 2014	rsement For:	Primary X General
	(a) SUBTOTAL of Itemized Independent Expendent	ditures		🕨		4436.32
	(b) SUBTOTAL of Uniternized Independent Exp.	enditures		▶		
	(c) TOTAL Independent Expenditures				· · · ·	
				•		
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed]	M		
	Signature		Dat	te 02	2 13	2016

ITE	EMIZED INDEPENDENT EXPENDITOR	ES				PAGE 165 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY FUN	D			С	C00524454
Ch	eck if 24-hour report 48-hour report	New rep	oort Amends rep	ort filed	on	/ D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Publ	ic Distribution/Dissemination
					04 <sup>M</sup>	/ D D / Y Y Y Y 01 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			946.49
	AKRON	ОН	44333		Transaction II Date of Disb	D: SE.71045 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004		<sup>M</sup> 05	/ D D / Y Y Y Y 09 / 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	JEANNE SHAHEEN		X Oppose		U L	Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought		5205.69	Disbu 2014	rsement For:	Primary X General
	Full Name of Payee				Date of Publ	lic Distribution/Dissemination
	INFOCISION MANAGEMENT CO	RP			04	/ D D / Y Y Y Y 01 2014
	Mailing Address 325 SPRINGSIDE DR					2014
					Amount	
	City	State	Zip Code			6801.78
	AKRON	ОН	44333		Transaction I Date of Disb	D: SE.71046 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ 004		05	/ D D / Y Y Y Y 09 2014
			Туре 004		03	2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	KAY R HAGAN		X Oppose		President	X Senate State: <u>NC</u>
	Calendar Year-To-Date Per Election for Office Sought		37409.80	Disbu 2014		Primary X General
	(a) SUBTOTAL of Itemized Independent Expend	litures		►		7748.27
	(b) SUBTOTAL of Unitemized Independent Expe	enditures		•••• •		
	(c) TOTAL Independent Expenditures				· · · · ·	
					-7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
	SCOTT B MACKENZIE	Flactror	ically Filed]	M		
	Signature		Dat	te 02	2 13	2016

116		JRES				FOR LINE 2	OF 207 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER 🔻
C	CONSERVATIVE MAJORITY FU	IND			С	C00524454	
					M	/ D D /	
Ch	eck if 24-hour report 48-hour report	rt 📃 New rep	port Amends rep	ort filed o			
	Full Name of Payee INFOCISION MANAGEMENT COR	P?			Date of Pub	blic Distribution	/Dissemination
	Mailing Address				04	01	2014
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				2763.41
	AKRON	ОН	44333			ÍD : SE.71047 bursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)	i	Category/ Type 004		05 05	/ D D / 09	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	JEFFREY A MERKLEY		X Oppose		President	X Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought		15198.77	Disburs 2014	sement For:	Primary	/ Keneral
	Full Name of Payee				Date of Pub	olic Distribution	/Dissemination
	INFOCISION MANAGEMENT C	ORP			04	/ D D / 01	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · ·		5752.54
	AKRON	OH	44333	T		ID : SE.71048	
	Purpose of Expenditure		Category/			bursement or	
	VOTER CONTACT CALLS (4/01 - 4/07/2014)	)	Type 004		05	09	2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK J WARNER		X Oppose		President	X Senate	State: VA
	Calendar Year-To-Date Per Election for Office Sought		31638.97	Disbur 2014	sement For:	Primary	y 🗙 General
				· .			
	(a) SUBTOTAL of Itemized Independent Expe	enditures		►		7-	8515.95
	(b) SUBTOTAL of Uniternized Independent Ex	xpenditures		··· •		p	
	/ · · · · · · · · · · · · · · · · · · ·						
	(c) TOTAL Independent Expenditures			••• ►		7× 11 - 7×	
	Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any c party committee) any political party committee	candidate or authorize					
	SCOTT B MACKENZIE	[Elastro	nically Filed]	M	M / D		Y Y
	Signature		Date	e 02	13	201	0

116	MIZED INDEPENDENT EXPEND	JIURES				PAGE 167 FOR LINE 24	OF 207 OF FORM 3X
					FEC	IDENTIFICATIO	N NUMBER 🔻
	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if24-hour report48-hour r	report New rep	oort Amends repo	ort filed on	M = M	/ D D /	Y . Y . Y . Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP		D	Date of Pub	Dic Distribution/E	YYYYY
	Mailing Address 325 SPRINGSIDE DR			A	2014		
	City	State	Zip Code	F			147.68
	AKRON	OH	44333			ID: SE.71049 bursement or Ol	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05 <sup>M</sup>	/ D D / 09	2014 Y
	Name of Federal Candidate		Support	Office S	ought:	House D	istrict: 00
	MARK BEGICH		X Oppose	Pr	resident	X Senate	State:AK
	Calendar Year-To-Date Per Election for Office Sought		2853.57	Disburse 2014	ement For:	Primary specify) ►	X General
	Full Name of Payee	T CORP		C	M M	olic Distribution/E	Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR			Α	04 Amount	24	2014
	City	State	Zip Code	— I			607.33
	AKRON	ОН	44333			ID: SE.71051 bursement or O	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Category/ Type 004		05	/ D D / 09	Y Y Y Y Y 2014
	Name of Federal Candidate		Support	Office S	ought:	House E	District: 00
	MARK L PRYOR		X Oppose	Pr	resident	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	11735.15	Disburse 2014	ement For:	Primary	X General
	(a) SUBTOTAL of Itemized Independent I	Expenditures		. <b>.</b> Г			755.01
		•			7	-7-	
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		• •		7	
	(c) TOTAL Independent Expenditures			•• •		7	-
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	02	/ D 13		
	Signature						

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 168 OF 20 FOR LINE 24 OF FORM	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER	
C	ONSERVATIVE MAJORITY	FUND				C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends repo	ort filed	on		Y
	Full Name of Payee INFOCISION MANAGEMENT C	, OBD			Date of Publi	c Distribution/Disseminatio	n
					04	/ D D / Y Y Y 24 2014	Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			1088.15	5
	AKRON	ОН	44333	1	Transaction II	D: SE.71052 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		05	/ D D / Y Y Y 09 / 2014	Y
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	0
	MARK E UDALL		X Oppose			K Senate State: CC	C
	Calendar Year-To-Date Per Election for Office Sought		21025.82	Disbur 2014	rsement For:	Primary X Gene	eral
					Other (sp	pecify) ►	
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			Date of Publ	ic Distribution/Disseminatio	
	Mailing Address				04	24 2014	_
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · ·	948.32	2
	AKRON	ОН	44333		Transaction I		-
	Purpose of Expenditure		Category/			ursement or Obligation	Y
	VOTER CONTACT CALLS OVER THE N	JEXT TWO WEEKS	Type 004		05	09 2014	_
	Name of Federal Candidate		Support	Office	Sought:	House District: 0	00
	MARY L LANDRIEU		X Oppose		President	X Senate State:	Α
	Calendar Year-To-Date		18323.96	Disbu 2014	rsement For:	Primary X Gen	eral
	Per Election for Office Sought		10020.00		Other (s	pecify) ►	
	(a) SUBTOTAL of Itemized Independent I	Expenditures		··· ►		2036.47	
							_
	(b) SUBTOTAL of Unitemized Independer	ni Experialiures		▶			_
	(c) TOTAL Independent Expenditures			►	· · · ·		
				-	-7-		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	<b>1171</b> - 4	inglly Filed	M	M / D D	/	
	Signature	[Electron	<i>uically Filed]</i> Date	e 02	13	2016	

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 169 FOR LINE 2	OF 207 24 OF FORM 3X
					FEC I	IDENTIFICATIO	ON NUMBER V
	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if24-hour report48-hour r	report New rep	port Amends rep	ort filed	on	/ D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publ	lic Distribution/	YYYYY
	Mailing Address 325 SPRINGSIDE DR					24	2014
	City	State	Zip Code		· · · · ·		1118.08
	AKRON	OH	44333	1		D:SE.71054 Dursement or C	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05	/ D D / 09	¥ ¥ ¥ ¥ ¥ ¥ 2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	AL FRANKEN		X Oppose		l	X Senate	State: <u>MN</u>
	Calendar Year-To-Date Per Election for Office Sought		21604.03	Disbur 2014	rsement For:	Primary	K General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			M M		YYYYY
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014
	City	State	Zip Code		· · · ·		213.61
	AKRON	ОН	44333			ID: SE.71055 oursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		05	/ 09 /	Y Y Y Y 2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	JOHN E WALSH		X Oppose		President	X Senate	State: MT
	Calendar Year-To-Date Per Election for Office Sought		4127.42	Disbu 2014	rsement For:	Primary	General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					1331.69
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures		••• ►			
	(c) TOTAL Independent Expenditures			▶		- 1 AP-	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 02	2 / D 13	201	6 Y
	Signature					-	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 170 OF 207 FOR LINE 24 OF FORM 3X	_
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V	_
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends rep	oort filed	on		
	Full Name of Payee INFOCISION MANAGEMENT C	, UDD			Date of Publi	ic Distribution/Dissemination	
		,OKI			<sup>M</sup> 04	/ D D / Y Y Y Y 24 2014	L
	Mailing Address 325 SPRINGSIDE DR						1
	City	State	Zip Code			284.11	l
	AKRON	ОН	44333		Transaction II Date of Disb	D : SE.71056 ursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004	1	05	/ D D / Y Y Y Y 09 / 2014	]
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	
	JEANNE SHAHEEN		X Oppose		U L	Senate State: NH	_
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	5489.80	Disbu 2014	rsement For:	Primary X General	
	Full Name of Payee					ic Distribution/Dissemination	-
	INFOCISION MANAGEMEN	T CORP			04	/ D D / Y Y Y Y 24 2014	1
	Mailing Address 325 SPRINGSIDE DR					24 2014	1
					Amount		4
	City	State	Zip Code			2041.74	
	AKRON	OH	44333		Transaction I Date of Disb	D : SE.71057 pursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		05	/ D D / Y Y Y Y 09 / 2014	]
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	_
	KAY R HAGAN		X Oppose		President	Senate State: <u>NC</u>	_
	Calendar Year-To-Date Per Election for Office Sought		39451.54	Disbu 2014		Primary X General	
							_
	(a) SUBTOTAL of Itemized Independent	Expenditures		▶		2325.85	
	(b) SUBTOTAL of Uniternized Independe	nt Expenditures		▶			]
	(c) TOTAL Independent Expenditures			►			]
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Da	te 02	2 / D D 2 13	/ Y Y Y Y Y 2016	
	Signature						

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 171 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND			С	C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends rep	ort filed	on	/ D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publi	ic Distribution/Dissemination
					04	24 Y Y Y Y Y Y Y 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			829.51
	AKRON	ОН	44333	٦	<b>Fransaction II</b> Date of Disb	D: SE.71058 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05	/ D D / Y Y Y Y 09 / 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	JEFFREY A MERKLEY		X Oppose		- L	Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	16028.28	Disbur 2014	sement For:	Primary X General
	Full Name of Payee					lic Distribution/Dissemination
	INFOCISION MANAGEMEN	T CORP			M M	/ D D / Y Y Y
	Mailing Address 325 SPRINGSIDE DR				04	24 2014
					Amount	
	City	State	Zip Code			1726.78
	AKRON	OH	44333	-	Transaction I Date of Disb	D: SE.71059 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Category/ 004		05 <sup>M</sup>	/ D D / Y Y Y Y 09 2014
			Type 004		00	2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	MARK J WARNER		X Oppose		President	X Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	33365.75	Disbui 2014	rsement For:	Primary X General
				·		
	(a) SUBTOTAL of Itemized Independent	Expenditures		··· ►		2556.29
	(b) SUBTOTAL of Unitemized Independe	ni Experiatures		··· ►		
	(c) TOTAL Independent Expenditures				· · · · ·	
					-7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized				
	SCOTT B MACKENZIE	[Flastron	ically Filed]	M	M / D D	
	Signature		Dat	.e 02	13	2016

116		TURES				FOR LINE 2	OF 207 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER 🔻
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour re	eport New rep	ort Amends repo	ort filed c	on		Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP				blic Distribution	
					<sup>M</sup> 04	/ D D / 24	2014
	Mailing Address 325 SPRINGSIDE DR		Amount				
	City	State	Zip Code				25.13
	AKRON	OH	44333			ÍD:SE.71060 bursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	EXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05	/ D D /	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK BEGICH		X Oppose		President	X Senate	State:AK
	Calendar Year-To-Date Per Election for Office Sought		2878.70	Disburs 2014	sement For:		General
	Full Name of Davids					specify) ►	
	Full Name of Payee INFOCISION MANAGEMENT	CORP			M M	/ D D /	/Dissemination
	Mailing Address 325 SPRINGSIDE DR				04	24	2014
					Amount		
	City	State	Zip Code				103.34
	AKRON	ОН	44333	Т		ID: SE.71061 bursement or (	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		05	/ D D /	Y Y Y Y 2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK L PRYOR		X Oppose		President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		11838.49	Disbur 2014	sement For:		/ X General
		, , , ,			Other (	specify) ►	
	(a) SUBTOTAL of Itemized Independent E	xpenditures					128.47
				i			
	(b) SUBTOTAL of Unitemized Independen	Expenditures		••• •			
	(c) TOTAL Independent Expenditures			••• •			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized					
	SCOTT B MACKENZIE		ically Filed	M	M / D		Y Y
	Signature		<i>ically Filed]</i> Date	e 02	13	201	δ

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 173 OF 207 FOR LINE 24 OF FORM 3X			
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER V			
C	ONSERVATIVE MAJORITY	FUND				C00524454			
						600324434			
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed	on/				
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Public	c Distribution/Dissemination			
					04 / D D / Y Y Y 24 2014				
	Mailing Address 325 SPRINGSIDE DR			Amount					
	City	State	Zip Code			185.16			
	AKRON	OH	44333		Transaction ID Date of Disbu	D: SE.71062 ursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		05	/ D D / Y Y Y Y 14 2014			
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00			
	MARK E UDALL		X Oppose		President	Senate State: <u>CO</u>			
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	21210.98	Disbu 2014	ursement For:	Primary X General			
	Full Name of Payee					c Distribution/Dissemination			
	INFOCISION MANAGEMEN	T CORP			M				
	Mailing Address				04	24 2014			
	325 SPRINGSIDE DR				Amount				
	City	State	Zip Code			161.37			
	AKRON	ОН	44333		Transaction I				
	Purpose of Expenditure		Category/	_	Date of Disbu	ursement or Obligation			
	VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Type 004		05	14 2014			
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00			
	MARY L LANDRIEU		X Oppose		President	X Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought		18485.33	Disbu 2014		Primary X General			
		3 3			Other (sp	pecify) ►			
	(a) SUBTOTAL of Itemized Independent	Expenditures		►		346.53			
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		••• ►					
	(c) TOTAL Independent Expenditures								
				🕨					
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized							
	SCOTT B MACKENZIE	[Electron	nically Filed]	e 0	2 / D D 2 13	/ Y Y Y Y Y Y 2016			
	Signature		Date						

116	MIZED INDEPENDENT EXPEND	ITURES				PAGE 174 FOR LINE 2	OF 207 4 OF FORM 3X	
					FEC	IDENTIFICATIO	N NUMBER 🔻	
	ONSERVATIVE MAJORITY	FUND			С	C00524454		
Ch	eck if24-hour report48-hour	report New rep	port Amends repo	ort filed o	n	/ D D /	Y = Y = Y = Y	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			M M	lic Distribution/	YYYYY	
	Mailing Address 325 SPRINGSIDE DR				04 24 2014 Amount			
	City	State	Zip Code				190.25	
	AKRON	OH	44333			ID : SE.71064 bursement or C		
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		05 <sup>M</sup>	/ D D / 14	2014	
	Name of Federal Candidate		Support	Office \$	Sought:	House	District: 00	
	AL FRANKEN		X Oppose		•	X Senate	State: MN	
	Calendar Year-To-Date Per Election for Office Sought		21794.28	Disburs 2014	Sement For:	Primary specify) ►	X General	
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			Date of Pub	blic Distribution/	Dissemination	
	Mailing Address 325 SPRINGSIDE DR				04	24	2014	
					Amount			
	City	State	Zip Code	-			36.35	
	AKRON	ОН	44333			ID:SE.71065 bursement or C	Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05	/ 14 /	2014	
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00	
	JOHN E WALSH		X Oppose	F	President	X Senate	State: MT	
	Calendar Year-To-Date Per Election for Office Sought		4163.77	Disburs 2014	sement For:	Primary specify) ►	X General	
	(a) SUBTOTAL of Itemized Independent	Expenditures					226.60	
					7		220.00	
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		••• ►				
	(c) TOTAL Independent Expenditures			••• •				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized						
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 02	M / 13		Ŷ Ŷ	
	Signature							

116	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 175 FOR LINE 24	OF 207 OF FORM 3X		
					FEC	IDENTIFICATIO	N NUMBER 🔻		
	ONSERVATIVE MAJORITY	FUND			С	C00524454			
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed or		/ D D /	Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP		C	M M	blic Distribution/E	Y Y Y Y		
	Mailing Address 325 SPRINGSIDE DR			Α	04242014				
		01-1-	7. 0. 4.				40.05		
	City AKRON	State OH	Zip Code 44333			ID : SE.71066 bursement or Ol	48.35		
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05	/ D D / 14	Y Y Y Y 2014		
	Name of Federal Candidate		Support	Office S	ought:	House D	District: 00		
	JEANNE SHAHEEN		X Oppose		•	X Senate	State: NH		
	Calendar Year-To-Date Per Election for Office Sought		5538.15	Disburse 2014	ement For:	Primary specify) ►	X General		
	Full Name of Payee	T CORP			M M	blic Distribution/E	Dissemination		
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014		
							0.47.40		
	City AKRON	State OH	Zip Code 44333			ID: SE.71067 bursement or O	347.43		
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		05		2014		
	Name of Federal Candidate		Support	Office S	ought:	House D	District: 00		
	KAY R HAGAN		X Oppose	P	resident	X Senate	State: <u>NC</u>		
	Calendar Year-To-Date Per Election for Office Sought		39798.97	Disburse 2014	ement For:	Specify) ►	X General		
	(a) SUBTOTAL of Itemized Independent I	Expenditures					395.78		
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures		<b>-</b>		7			
	(c) TOTAL Independent Expenditures			▶		7. 1 1 47. 1			
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized							
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 02	/ D 13				
	Signature				-				

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 176 FOR LINE 24 (	OF 207 DF FORM 3X	
					FEC I	IDENTIFICATION	NUMBER 🔻	
	ONSERVATIVE MAJORITY	FUND			С	C00524454		
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed o	on	/ D D / Y	ŶŶŶŶ	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			M M	lic Distribution/Dis	Y Y Y	
	Mailing Address 325 SPRINGSIDE DR				04242014 Amount			
	City	State	Zip Code		· · · · ·		141.15	
	AKRON	OH	44333	I		D : SE.71068 Dursement or Oblig		
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		05		2014 Y	
	Name of Federal Candidate		Support	Office	Sought:	House Dis	trict: 00	
	JEFFREY A MERKLEY		X Oppose			Senate S	tate: OR	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	16169.43	Disbur 2014	sement For:	Primary	X General	
	Full Name of Payee	T CORP			M M		YYYY	
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014	
	City	State	Zip Code		· · · · ·		293.83	
	AKRON	ОН	44333	1		ID : SE.71069 bursement or Obli	1 10 1	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		05 05		2014	
	Name of Federal Candidate		Support	Office	Sought:	House Dis	trict: 00	
	MARK J WARNER		X Oppose		President	X Senate S	tate: VA	
	Calendar Year-To-Date Per Election for Office Sought		33659.58	Disbur 2014	rsement For:	Primary	X General	
	(a) SUBTOTAL of Itemized Independent I	Expenditures					434.98	
	(b) SUBTOTAL of Unitemized Independer	it Expenditures		▶				
	(c) TOTAL Independent Expenditures			••• •	-7			
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized						
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 02	M / D 13	2016	Ŷ	
	Signature							

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 177 OF 207 FOR LINE 24 OF FORM 3X	<
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER ▼	
C	ONSERVATIVE MAJORITY	FUND				C00524454	Ľ
					U		
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends re	port filed	on		
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination	
					04	/ D D / Y Y Y Y 24 2014	1
	Mailing Address 325 SPRINGSIDE DR				Amount		1
	City	State	Zip Code			192.20	l
	AKRON	ОН	44333		Transaction II	D : SE.71070 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type	4	05	/ D D / Y Y Y Y 20 / 2014	]
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	
	MARK BEGICH		X Oppose			X Senate State: AK	_
	Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	3070.90	Disbu 2014	ursement For:	Primary X General	
	Full Name of Payee					ic Distribution/Dissemination	_
	INFOCISION MANAGEMEN	T CORP			M M	/ D D / Y Y Y	1
	Mailing Address 325 SPRINGSIDE DR				04	24 2014	J,
	323 SPRINGSIDE DR				Amount		
	City	State	Zip Code			790.42	1
	AKRON	OH	44333		Transaction I	D : SE.71071 pursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N		Category/ 004	4	M	/ D D / Y Y Y Y	1
	VOTER CONTACT CALLS OVER THE P	IEXT TWO WEEKS	Туре	+	05	20 2014	4
	Name of Federal Candidate		Support	Offic	e Sought:	House District: 00	_
	MARK L PRYOR		X Oppose		President	Senate State: AR	_
	Calendar Year-To-Date Per Election for Office Sought		12628.91	Disb 2014		Primary X General	
				I			
	(a) SUBTOTAL of Itemized Independent	Expenditures		····· ►		982.62	
							i.
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		•••• •	-7-		J,
	(c) TOTAL Independent Expenditures				· · · · ·		1
							ł,
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed]		2 / D D		
	Signature		Da			2016	

ITE	EMIZED INDEPENDENT EXPEND	DITURES				PAGE 178 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER ▼
C	ONSERVATIVE MAJORITY	FUND			С	C00524454
					U	
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed or	n	/ D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C			[	Date of Publ	lic Distribution/Dissemination
					04 <sup>M</sup>	/ D D / Y Y Y Y 24 2014
	Mailing Address 325 SPRINGSIDE DR					
	City	State	Zip Code			1416.20
	AKRON	ОН	44333			D: SE.71072 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 05 <sup>M</sup>	/ D D / Y Y Y Y 20 / 2014
	Name of Federal Candidate		Support	Office S	Sought:	House District: 00
	MARK E UDALL		X Oppose			Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	22627.18	Disburs 2014	ement For: Other (s	Primary X General
	Full Name of Payee			I	Date of Publ	lic Distribution/Dissemination
	INFOCISION MANAGEMEN	T CORP			04	/ D D / Y Y Y Y 24 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	24 2014
			7. 0. 1			1004.04
	City AKRON	State OH	Zip Code 44333	Т	ansaction I	1234.21 D : SE.71073
	Purpose of Expenditure			'		pursement or Obligation
	VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Category/ Type 004		05	/ <sup>D</sup> 20 / <sup>Y</sup> 2014
	Name of Federal Candidate		Support	Office S	Sought:	House District: 00
	MARY L LANDRIEU		X Oppose	F	resident	Senate State: <u>LA</u>
	Calendar Year-To-Date Per Election for Office Sought		19719.54	Disburs 2014	ement For:	Primary X General
		, ,				specify)
	(a) SUBTOTAL of Itemized Independent	Expenditures		••• •		2650.41
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•••		
	(c) TOTAL Independent Expenditures			▶		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	e 02	/ 13	2016
	Signature					

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 179 C FOR LINE 24 OF	F 207 F FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION N	
C	ONSERVATIVE MAJORITY	FUND				C00524454	_
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends rep	ort filed	on		Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	c Distribution/Disse	emination
					<sup>M</sup> 04	/ D D / Y 24	2014 Y
	Mailing Address 325 SPRINGSIDE DR			Amount			
	City	State	Zip Code				1455.14
	AKRON	ОН	44333		Transaction II Date of Disb	D:SE.71074 ursement or Obliga	ation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		05		2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House Distri	ict: 00
	AL FRANKEN		X Oppose		e L	X Senate Sta	te: MN
	Calendar Year-To-Date		23249.42	Disbu 2014	rsement For:	Primary	K General
	Per Election for Office Sought			2011	Other (sp	pecify) ►	
	Full Name of Payee	T CORP			Date of Publ	ic Distribution/Diss	emination
					04	24	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · ·		278.00
	AKRON	ОН	44333		Transaction I		
	Purpose of Expenditure		Category/		Date of Disb	ursement or Obliga	
	VOTER CONTACT CALLS OVER THE N	JEXT TWO WEEKS	Type 004		05	20	2014
	Name of Federal Candidate		Support	Office	e Sought:	House Distr	ict: 00
	JOHN E WALSH		X Oppose		President	X Senate Sta	ate: MT
	Calendar Year-To-Date		4441.77	Disbu 2014	irsement For:	Primary	X General
	Per Election for Office Sought			2011	Other (s	pecify) 🕨	
	(a) SUBTOTAL of Itemized Independent	Expenditures		🕨	· · · ·	17	/33.14
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		… ▶			
	(c) TOTAL Independent Expenditures						
				··· •			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE			M	M / D D	/ Y Y Y	Y
	Signature	[Electron	<i>nically Filed]</i> Date	e 02	2 13	2016	
	Ŭ,						

ITE	EMIZED INDEPENDENT EXPEND	DITURES				PAGE 180 FOR LINE 2	OF 207 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC ID		
C	CONSERVATIVE MAJORITY	FUND				C00524454	
						000021101	
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends rep	oort filed	on /	D D /	Y Y Y Y
	Full Name of Payee				Date of Public	c Distribution/	Dissemination
					04	24 /	2014 Y
	Mailing Address 325 SPRINGSIDE DR						
	City	State	Zip Code				369.77
	AKRON	ОН	44333		Transaction ID Date of Disbu		bligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		M M /	20 /	2014
	Name of Federal Candidate		Support	Office	e Sought:	House	District: 00
	JEANNE SHAHEEN		X Oppose		President	K Senate	State: <u>NH</u>
	Calendar Year-To-Date		5907.92	Disbu 2014	ursement For:	Primary	X General
	Per Election for Office Sought		0001.02	2011	Other (sp	ecify) ►	
	Full Name of Payee INFOCISION MANAGEMEN	TCORP			Date of Public	C Distribution/	Dissemination
	Mailing Address				04	24	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				2657.26
	AKRON	ОН	44333		Transaction ID Date of Disbu		
	Purpose of Expenditure		Category/		M M /	/ D D /	Y Y Y Y
	VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Type 004		05	20	2014
	Name of Federal Candidate		Support	Office	e Sought:	House	District: 00
	KAY R HAGAN		X Oppose		President	🗙 Senate	State: <u>NC</u>
	Calendar Year-To-Date Per Election for Office Sought		42456.23	Disbu 2014	ursement For:	Primary	X General
	(a) SUBTOTAL of Itemized Independent	Expenditures		▶		-7-	3027.03
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		▶			
	(a) TOTAL Independent Expanditures						
	(c) TOTAL Independent Expenditures			▶	-7-		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE			M	M / D D	/ Y Y	Y Y
	Signature	[Electron	<i>nically Filed]</i> Dat	te 0	13	201	
	<b>U</b>						

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 181 O FOR LINE 24 OF	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION N	
C	ONSERVATIVE MAJORITY	FUND				C00524454	
						000021101	
Ch	eck if 24-hour report 48-hour r	report New rep	oort Amends rep	ort filed	on		Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	c Distribution/Disse	mination
					04 <sup>M</sup>	/ D D / Y 24	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				1079.59
	AKRON	ОН	44333		Transaction II	D: SE.71078 ursement or Obliga	tion
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		M M 05		2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House Distrie	ct: 00
	JEFFREY A MERKLEY		X Oppose		e L	Senate Stat	e: OR
	Calendar Year-To-Date Per Election for Office Sought		17249.02	Disbu 2014	irsement For:		C General
		1 1			Other (sp	pecify) ►	
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			Date of Publi	ic Distribution/Disse	emination
	Mailing Address				04	24	2014
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			2	2247.35
	AKRON	OH	44333		Transaction II	D : SE.71079 ursement or Obliga	tion
	Purpose of Expenditure		Category/		M M	/ D D / Y	Y Y Y
	VOTER CONTACT CALLS OVER THE N	IEAT TWO WEEKS	Type 004		05	20	2014
	Name of Federal Candidate		Support	Office	e Sought:	House Distri	ct:00
	MARK J WARNER		X Oppose		President	X Senate Sta	te: <u>VA</u>
	Calendar Year-To-Date Per Election for Office Sought		35906.93	Disbu 2014	ursement For:	Primary	K General
	Ter Election for Onice Cought				Other (s	pecify) 🕨	
	(a) SUBTOTAL of Itemized Independent I	Expenditures			· · · ·	33	26.94
							20.04
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures		▶			
	(c) TOTAL Independent Expenditures			🕨	· · · ·		
				F			475
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed	M	M / D D	/ Y Y Y	r
	Signature		<i>uically Filed]</i> Date	e 0:	2 13	2016	

116	MIZED INDEPENDENT EXPEND	MIURES				PAGE 182 FOR LINE 2	OF 207 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER V
	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends repo	ort filed o	n	/ D D /	Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP		I	M	olic Distribution	YYYYY
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014
	0.1	01-1-	7. 0. 1.				700.00
	City AKRON	State OH	Zip Code 44333			ID : SE.71080 bursement or C	782.63
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		06	/ 02 /	2014
	Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
	MARK BEGICH		X Oppose		resident	X Senate	State:AK
	Calendar Year-To-Date Per Election for Office Sought		3853.53	Disburs 2014	ement For:	Primary specify) ►	General
	Full Name of Payee	T CORP			Date of Pul	blic Distribution	/Dissemination
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014
					Aniouni		
	City AKRON	State OH	Zip Code 44333			ID : SE.71081	3218.51
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		Date of Dis	sbursement or (	Dbligation 2014
	Name of Federal Candidate		Support	Office S	Sought:	House	District: 00
	MARK L PRYOR		X Oppose	F	President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought	7 7	15847.42	Disburs 2014	ement For:	: Primary (specify) ▶	General
	(a) SUBTOTAL of Itemized Independent	Expenditures		[			4001.14
						7 7-	
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		•••		77	
	(c) TOTAL Independent Expenditures			••		77-	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	02	/ 13		6 Y
	Signature						

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 183 OF 207 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V	-
C	ONSERVATIVE MAJORITY	FUND				C00524454	
						000324434	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed	on		
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination	
	INFOCISION MANAGEMENT C	UKF			<sup>M</sup> 04	/ D D / Y Y Y Y 24 2014	
	Mailing Address 325 SPRINGSIDE DR				Amount		1
	City	State	Zip Code			5766.60	l
	AKRON	ОН	44333	-	Transaction II Date of Disb	D : SE.71082 ursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 06	/ D D / Y Y Y Y 02 / 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	_
	MARK E UDALL		X Oppose		President	X Senate State: CO	-
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	28393.78	Disbui 2014	rsement For:	Primary X General	_
	Full Name of Payee				Date of Publ	ic Distribution/Dissemination	-
	INFOCISION MANAGEMEN	T CORP			M		Ĺ
	Mailing Address 325 SPRINGSIDE DR				04	24 2014	
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			5025.57	1
	AKRON	ОН	44333		Transaction I		l
	Purpose of Expenditure		Category/		Date of Disb	ursement or Obligation	i
	VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Type 004		06	02 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	_
	MARY L LANDRIEU		X Oppose		President	Senate State: LA	-
	Calendar Year-To-Date Per Election for Office Sought		24745.11	Disbu 2014	rsement For:	Primary X General	
					Other (s	pecify) 🕨	_
	(a) SUBTOTAL of Itemized Independent I	Expenditures		►		10792.17	
	(b) SUBTOTAL of Unitemized Independer	it Expenditures		••• ►			
	(c) TOTAL Independent Expenditures				· · · ·		Ľ
					-7-		1
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	<b>1171</b> . 4	ioally Filed	M	M / D D		
	Signature		<i>iically Filed]</i> Date	e 02	13	2016	

ITE	MIZED INDEPENDENT EXPEND	ITURES				PAGE 184 OF 207 FOR LINE 24 OF FORM 3	X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER	,
C	ONSERVATIVE MAJORITY	FUND				C00524454	1
							<u>.</u>
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends rep	oort filed	on		]
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination	
					04 <sup>M</sup>	/ D D / Y Y Y Y 24 2014	1
	Mailing Address 325 SPRINGSIDE DR				Amount		1
	City	State	Zip Code			5925.17	
	AKRON	ОН	44333		Transaction II	D : SE.71084 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004	ł	06	/ D D / Y Y Y Y 02 / 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	
	AL FRANKEN		X Oppose		Ū L	X Senate State: MN	_
	Calendar Year-To-Date		29174.59	Disbu 2014	irsement For:	Primary X Genera	d
	Per Election for Office Sought	, , ,			Other (s	pecify) ►	_
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			Date of Publ	ic Distribution/Dissemination	
	Mailing Address				04	24 2014	1
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			1132.00	٦
	AKRON	ОН	44333		Transaction I	D : SE.71085 ursement or Obligation	1
	Purpose of Expenditure		Category/		M M	/ D D / Y Y Y Y	
	VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Type 004		06	02 2014	
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	_
	JOHN E WALSH		X Oppose		President	X Senate State: <u>MT</u>	
	Calendar Year-To-Date Per Election for Office Sought		5573.77	Disbu 2014		Primary X Genera	<b>i</b> l
							_
	(a) SUBTOTAL of Itemized Independent	Expenditures		···· ►		7057.17	
	(b) SUBTOTAL of Unitemized Independe	nt Evnondituroo					T.
	(b) SUBTOTAL OF Ormentized independe			···· ►			4
	(c) TOTAL Independent Expenditures				· · · · ·		٦.
					-7-		1
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[ <b>F</b> ]	iaally Filad	M	M / D D		
	Signature	[Electron	<i>ically Filed]</i> Dat	te 02	2 13	2016	

ITE	MIZED INDEPENDENT EXPEND	DITURES				PAGE 185 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND				C00524454
					U	
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends re	port filed	l on	
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination
					04	/ D D / Y Y Y Y 24 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			1505.65
	AKRON	ОН	44333		Transaction II	D : SE.71086 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Category/ Type	4	<sup>M</sup> 06	/ D D / Y Y Y Y 02 / 2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	JEANNE SHAHEEN		X Oppose			Senate State: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought		7413.57	Disbu 2014	ursement For:	Primary X General
	Full Name of Payee					lic Distribution/Dissemination
	INFOCISION MANAGEMEN	TCORP			M M	/ D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR				04	24 2014
	323 SPRINGSIDE DR				Amount	
	City	State	Zip Code			10820.08
	AKRON	ОН	44333		Transaction I	D : SE.71087 bursement or Obligation
	Purpose of Expenditure		Category/		M M	/ D_D / Y_Y_Y_Y
	VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Type 004	4	06	02 2014
	Name of Federal Candidate		Support	Offic	e Sought:	House District: 00
	KAY R HAGAN		X Oppose		President	Senate State: <u>NC</u>
	Calendar Year-To-Date Per Election for Office Sought		53276.31	Disb 2014		Primary X General
	(a) SUBTOTAL of Itemized Independent	Expenditures		····· <b>Þ</b>		12325.73
	// · · · · · · · · · · · · · · · · · ·	. –				
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		••••• ►		
	(c) TOTAL Independent Expenditures				· · · · ·	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized				
	SCOTT B MACKENZIE	[Elastrov	rically Filed	М	M / D D	
	Signature	[Electron	uically Filed] Da	ate C	13	2016

ITE	EMIZED INDEPENDENT EXPEND	DITURES				PAGE 186 OF 20 FOR LINE 24 OF FORM	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBE	
C	ONSERVATIVE MAJORITY	FUND				C00524454	<u> </u>
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends re	port filec	d on		Y
	Full Name of Payee				Date of Publi	c Distribution/Dissemination	on
					04	/ D D / Y Y Y Y 24 2014	Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			4395.9	6
	AKRON	ОН	44333		Transaction II	D: SE.71088 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 00	4	06	/ D D / Y Y Y 02 / 2014	Ŷ
	Name of Federal Candidate		Support	Offic	e Sought:	House District:	00
	JEFFREY A MERKLEY		X Oppose		President	Senate State: O	R
	Calendar Year-To-Date		21644.98	Disb 2014	ursement For:	Primary X Ger	neral
	Per Election for Office Sought		21044.30	2014	Other (sp	pecify) ►	
	Full Name of Payee INFOCISION MANAGEMEN	TCORP				ic Distribution/Disseminati	
					04	/ D D / Y Y Y 24 2014	Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·	9150.9	8
	AKRON	ОН	44333		Transaction II	D : SE.71089 ursement or Obligation	-
	Purpose of Expenditure		Category/		M	/ D_D / Y_Y_Y	
	VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Type 00	4	06	02 2014	
	Name of Federal Candidate		Support	Offic	e Sought:	House District:	00
	MARK J WARNER		X Oppose		President	X Senate State:	/A
	Calendar Year-To-Date Per Election for Office Sought		45057.91	Disb 2014		Primary X Ger	neral
		ŢŢŢ			Other (s	pecify) 🕨	
	(a) SUBTOTAL of Itemized Independent	Expenditures		🕨		13546.94	
							-
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		▶			
	(c) TOTAL Independent Expenditures				· · · · ·		
							-
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE						
		[Electron	nically Filed] Da	ate C	)2 13	2016	
	Signature						

ITE	MIZED INDEPENDENT EXPEND	ITURES				PAGE 187	OF 207 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I		
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends rep	oort filed	on		Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publ	ic Distribution/	
					04	/ D D /	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				574.29
	AKRON	ОН	44333	1	Fransaction II Date of Disb	D:SE.71091 oursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		M M 06	/ D D / 09	2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK BEGICH		X Oppose			X Senate	State: AK
	Calendar Year-To-Date Per Election for Office Sought		4427.82	Disbur 2014	rsement For:	Primary	K General
	Full Name of Payee					lic Distribution/	Dissemination
	INFOCISION MANAGEMEN	T CORP			04	/ D D / 24	Y Y Y Y 2014
	Mailing Address 325 SPRINGSIDE DR					24	2014
					Amount		
	City	State	Zip Code				2361.73
	AKRON	ОН	44333		Transaction I Date of Disb	D: SE.71092 oursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	NEXT TWO WEEKS	Category/ Type 004		<sup>M</sup> 06	/ 09 /	Y Y Y Y Y 2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK L PRYOR		X Oppose		President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		18209.15	Disbu 2014	rsement For:	Primary	X General
						,peeny) =	
	(a) SUBTOTAL of Itemized Independent	Expenditures		▶			2936.02
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		▶			
	(c) TOTAL Independent Expenditures			►			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Dat	te 02	2 / D D	/ Y Y 201	6 Y
	Signature					-	

ITE	EMIZED INDEPENDENT EXPENDI	TURES				PAGE 188 OF FOR LINE 24 OF F	207 ORM 3X
					FEC I	DENTIFICATION NUM	/BER ▼
C	CONSERVATIVE MAJORITY F				С	C00524454	
Ch	neck if24-hour report48-hour re	eport New rep	ort Amends rep	ort filed o	n M M		Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP			M M		Y Y
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24 20	)14
	City	State	Zip Code			42	31.50
	AKRON	ОН	44333		ransaction II Date of Disb	D : SE.71093 ursement or Obligatio	n
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	XT TWO WEEKS	Category/ Type 004		06		)14
	Name of Federal Candidate		Support	Office \$	Sought:	House District:	00
	MARK E UDALL		X Oppose	F	President		
	Calendar Year-To-Date Per Election for Office Sought		32625.28	Disburs 2014	ement For:		General
	Full Name of Payee	CORP				ic Distribution/Dissem	
	Mailing Address				04		014
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			36	87.74
	AKRON	ОН	44333			D:SE.71094 ursement or Obligatio	n
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	EXT TWO WEEKS	Category/ Type 004		06		2014
	Name of Federal Candidate		Support	Office	Sought:	House District:	00
	MARY L LANDRIEU		X Oppose	F	President	X Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		28432.85	Disburs 2014	sement For:	Primary X	General
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures		•• •		7919	.24
	(b) SUBTOTAL of Uniternized Independent	Expenditures		▶			-
	(c) TOTAL Independent Expenditures			▶			
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committ	y candidate or authorized					
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Dat	e 02	M / D D	/ Y Y Y Y 2016	
	Signature		Dai				

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 189 FOR LINE 2	OF 207 24 OF FORM 3X
					FEC I	DENTIFICATI	ON NUMBER V
	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	port Amends rep	ort filed o	on	/ D D /	YYYYY
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publ	/ D D /	/Dissemination
	Mailing Address 325 SPRINGSIDE DR				Amount	24	2014
	City	State	Zip Code		· · · · ·		4347.87
	AKRON	OH	44333	т		D:SE.71095	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT TWO WEEKS	Category/ Type 004		06	/ D D / 09	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	AL FRANKEN		X Oppose			X Senate	State: MN
	Calendar Year-To-Date Per Election for Office Sought		33522.46	Disbur 2014	sement For:	Primary pecify) ►	/ X General
	Full Name of Payee	T CORP			M M	/ D D /	/Dissemination
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014
	City	State	Zip Code		· · · · ·		830.65
	AKRON	ОН	44333	٦		D: SE.71096 oursement or	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	JEXT TWO WEEKS	Category/ Type 004		M 06	/ 09 /	Y Y Y Y 2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	JOHN E WALSH		X Oppose		President	X Senate	State:MT
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	6404.42	Disbur 2014	sement For:	Primary specify) ►	y X General
	(a) SUBTOTAL of Itemized Independent	Expenditures		🕨			5178.52
	(b) SUBTOTAL of Uniternized Independe	nt Expenditures					
	(				-7		
	(c) TOTAL Independent Expenditures			▶			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 02	M / D D	201	ý ý 16
	Signature						

ITE	EMIZED INDEPENDENT EXPENDITU	RES				PAGE 190 FOR LINE 24 (	OF 207 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION	NUMBER 🔻
C	UNSERVATIVE MAJORITY FUI	ND			C	C00524454	
Ch	neck if 24-hour report 48-hour report	t 🗌 New rep	ort Amends rep	ort filed o	on	/ D D / Y	Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CORF	2			Date of Publi	ic Distribution/Dis	Y Y Y
	Mailing Address 325 SPRINGSIDE DR				Amount	24	2014
	City	State	Zip Code		· · · · ·		1104.84
	AKRON	ОН	44333		ransaction II Date of Disb	D : SE.71097 ursement or Obli	gation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT	TWO WEEKS	Category/ Type 004		06		2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House Dis	trict: 00
	JEANNE SHAHEEN		X Oppose		President	X Senate S	tate: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought		8518.41	Disburs 2014	sement For:	Primary pecify) ►	K General
	Full Name of Payee	ORP			Date of Publ	ic Distribution/Dis	semination
	Mailing Address 325 SPRINGSIDE DR				04 Amount	24	2014
	City	State	Zip Code		· · · · ·		7939.73
	AKRON	ОН	44333	I	Transaction II	D : SE.71098 ursement or Obli	gation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT	TWO WEEKS	Category/ Type 004		06	/ 09 / 1	2014
	Name of Federal Candidate		Support	Office	Sought:	House Dis	trict: 00
	KAY R HAGAN		X Oppose		President	X Senate S	tate: NC
	Calendar Year-To-Date Per Election for Office Sought		61216.04	Disbur 2014	sement For:	Primary pecify) ►	X General
	(a) SUBTOTAL of Itemized Independent Exper	nditures					9044.57
				-			
	(b) SUBTOTAL of Unitemized Independent Exp	penditures		··· ►			
	(c) TOTAL Independent Expenditures			▶		-7-	
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorized					
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Dat	۰ 02	M / D D 13	/ Y Y Y Y 2016	Y
	Signature		Dai				

115	EMIZED INDEPENDENT EXPEND	IURES				PAGE 191 OF 207 FOR LINE 24 OF FORM 3X
					FEC II	DENTIFICATION NUMBER V
	ONSERVATIVE MAJORITY	FUND			С	C00524454
					M	/ D D / Y Y Y Y Y
Ch	eck if 24-hour report 48-hour r	eport New rep	ort Amends re	port filed		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publi	c Distribution/Dissemination
	Mailing Address				04	24 2014
	325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			3225.74
	AKRON	ОН	44333		Transaction ID Date of Disbu	D: SE.71099 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 00-	4	<sup>M</sup> 06	/ D D / Y Y Y Y 09 2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	JEFFREY A MERKLEY		X Oppose		President	Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		24870.72	Disbu 2014	ursement For:	Primary X General
	Full Name of Payee				Date of Publi	ic Distribution/Dissemination
	INFOCISION MANAGEMEN	CORP			04	/ D D / Y Y Y Y 24 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	24
	City	State	Zip Code			6714.95
	AKRON	ОН	44333		Transaction II Date of Disb	D : SE.71100 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT TWO WEEKS	Category/ Type 004	4	06	/ 09 / Y Y Y Y 2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	MARK J WARNER		X Oppose		President	Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought		51772.86	Disbi 2014	ursement For:	Primary X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		····· ►		9940.69
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		▶		
	(c) TOTAL Independent Expenditures			►		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed]		2 / D D 2 13	/ Y Y Y Y Y 2016
	Signature		Da			

116	MIZED INDEPENDENT EXPENDI	TURES				FOR LINE	OF 207 24 OF FORM 3X
					FEC	IDENTIFICATI	ON NUMBER 🔻
	ONSERVATIVE MAJORITY I	-UND			С	C00524454	
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	ort filed on	M	/ D D /	Y Y Y Y Y
				D	ate of Pub	lic Distribution	/Dissemination
	INFOCISION MANAGEMENT CO [MEMO ITEM]	JRP			06	/ D D / 20	2014
	Mailing Address 325 SPRINGSIDE DR			А	mount		
	City	State	Zip Code	[			1967.92
	AKRON	ОН	44333			ID: SE.48338 bursement or (	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	XT FEW WEEKS	Category/ Type 004		<sup>M</sup> 06	/ D D / 20	Y Y Y Y 2014
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	MARK BEGICH		X Oppose	Pr	resident	X Senate	State:AK
	Calendar Year-To-Date Per Election for Office Sought		6395.74	Disburse 2014	ement For:	Primary specify) ►	/ X General
	Full Name of Payee INFOCISION MANAGEMENT [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	CORP			Date of Pub	Dic Distribution	/Dissemination
	City	State	Zip Code	I			8092.96
	AKRON	ОН	44333			ID : SE.48339 bursement or	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	EXT FEW WEEKS	Category/ Type 004		06	/ D D / 20	y y y y 2014
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	MARK L PRYOR		X Oppose	PI	resident	X Senate	State:AR
	Calendar Year-To-Date Per Election for Office Sought		26302.11	Disburse 2014	ement For:	Primar specify) ►	y X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		▶			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•••			
	(c) TOTAL Independent Expenditures			… ▶		p	
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorize					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 02	/ D 13		Y Y 16
	Signature				l Li		

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 193 OF FOR LINE 24 OF	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NU	
C	CONSERVATIVE MAJORITY	FUND				C00524454	
Ch	eck if 24-hour report 48-hour r	eport New rep	ort Amends re	eport filed	d on		Y Y
	Full Name of Payee				Date of Publi	c Distribution/Dissen	nination
	[MEMO ITEM]				06		2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			14	500.13
	AKRON	ОН	44333		Transaction II Date of Disbu	<b>D : SE.48340</b> ursement or Obligati	on
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 00	)4	06		2014
	Name of Federal Candidate		Support	Offic	e Sought:	House District	t: 00
	MARK E UDALL		X Oppose		President	K Senate State	. <u>CO</u>
	Calendar Year-To-Date Per Election for Office Sought		47125.41	Disb 2014			General
					Other (sp		
	Full Name of Payee INFOCISION MANAGEMEN	Г CORP			Date of Publi	C Distribution/Disser	nination
					06		2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·	120	636.82
	AKRON	ОН	44333		Transaction II	D : SE.48341 ursement or Obligati	ion
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 00	)4	M M 06	/ D D / Y	2014
	Name of Federal Candidate		Support	Offic	e Sought:	House Distric	t:00
	MARY L LANDRIEU		X Oppose		President	X Senate State	e: LA
	Calendar Year-To-Date Per Election for Office Sought		41069.67	Disb 2014	ursement For: 4 Other (s		General
		, ,				becity) ►	
	(a) SUBTOTAL of Itemized Independent E	Expenditures		▶		-7-	0.00
	(b) SUBTOTAL of Unitemized Independen	It Expenditures		►			-
	(c) TOTAL Independent Expenditures			•••••			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed]	M	)2 / D D	/ Y Y Y Y Y 2016	1
	Signature		D	ate		2010	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 194	OF 207 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	-	
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
					U		
Ch	eck if 24-hour report 48-hour r	report New repo	ort 🗌 Amends rep	port filed	on	/ D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/[	Dissemination
	[MEMO ITEM]				06	/ D D / 20	2014 Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				14898.87
	AKRON	ОН	44333		Transaction II Date of Disb	D:SE.48342 ursement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004	4	<sup>M</sup> 06	/ 20 /	2014
	Name of Federal Candidate		Support	Office	e Sought:	House [	District: 00
	AL FRANKEN		X Oppose		President	X Senate	State: <u>MN</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	48421.33	Disbu 2014	ursement For:	Primary	K General
	Full Name of Payee					lic Distribution/I	Dissemination
	INFOCISION MANAGEMEN	T CORP			M	/ D D /	Y Y Y Y
	[MEMO ITEM] Mailing Address				06	20	2014
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				2846.41
	AKRON	OH	44333		Transaction I	D:SE.48343 oursement or O	Ubligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 004	4	06	/ <sup>D</sup> 20 /	Y Y Y Y Y 2014
	Name of Federal Candidate		Support	Office	e Sought:	House I	District: 00
	JOHN E WALSH		X Oppose		U L	X Senate	State: MT
	Calendar Year-To-Date				ursement For:	Primary	X General
	Per Election for Office Sought		9250.83	2014		pecify) ►	
	(a) SUBTOTAL of Itemized Independent E	Expenditures		►	· · · ·		0.00
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures		▶			
	(c) TOTAL Independent Expenditures						
	()				-7	-7-	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	Flootnow	ically Filed]	M	M / D D		
	Signature		Da	ite 0	2 13	2016	)

115	EMIZED INDEPENDENT EXPENDITUR	les					FOR LINE	5 OF 207 24 OF FORM 3X
						FEC	IDENTIFICAT	ION NUMBER V
	ONSERVATIVE MAJORITY FUN	1D				С	C00524454	
Ch	eck if 24-hour report 48-hour report	New rep	ort A	mends repo	ort filed	on	/ D D /	Y Y Y Y Y
	Full Name of Payee					Date of Pul	olic Distributior	n/Dissemination
	INFOCISION MANAGEMENT CORP	1				M		2014
	[MEMO ITEM] Mailing Address 325 SPRINGSIDE DR					06	20	2014
	323 SPRINGSIDE DR					Amount		
	City	State	Zip Code					3785.95
	AKRON	OH	44333				ID : SE.48344 bursement or	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT F	EW WEEKS	Category, Type			06	/ 20	<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>2</sup> 014
	Name of Federal Candidate			Support	Office	Sought:	House	District: 00
	JEANNE SHAHEEN		X	Oppose		President	X Senate	State: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought		12304.3	36	Disbur 2014	sement For:	Primar	y 🗙 General
	Full Name of Payee INFOCISION MANAGEMENT CC [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR	)RP				Date of Pull 06	blic Distribution	n/Dissemination 2014
	City	State	Zip Code			· · · ·		27207.13
	AKRON	ОН	44333		-		ID : SE.48345 bursement or	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT F	EW WEEKS	Category, Type			<sup>M</sup> 06	/ 20	2014
	Name of Federal Candidate			Support	Office	Sought:	House	District: 00
	KAY R HAGAN		X	Oppose		President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought		88423.	17	Disbui 2014	rsement For	: Primar (specify) ▶	ry 🗙 General
	(a) SUBTOTAL of Itemized Independent Expen	ditures			·· 🕨			0.00
	(b) SUBTOTAL of Unitemized Independent Exp	enditures			•• ►		77-	
	(c) TOTAL Independent Expenditures				►		7 7-	
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized						
	SCOTT B MACKENZIE	[Electron	nically Filed]	Date	02	M / D		16 Y
	Signature		_	Dale				

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 196 FOR LINE 24	OF 207 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	
C	ONSERVATIVE MAJORITY	FUND				C00524454	
						000021101	
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends re	port filed	d on		Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	c Distribution/D	issemination
					06	/ D D / 20	2014 Y
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code				11053.66
	AKRON	ОН	44333		Transaction II Date of Disbu	D:SE.48346 ursement or Ob	bligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 00	)4	06	/ D D / 20	2014 Y
	Name of Federal Candidate		Support	Offic	e Sought:	House D	istrict: 00
	JEFFREY A MERKLEY		X Oppose		President	X Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought		35924.38	Disb 2014		Primary	X General
					Other (sp		
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			Date of Publi	ic Distribution/D	Dissemination
					06	20	2014
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·		23010.16
	AKRON	ОН	44333		Transaction II	D:SE.48347 ursement or Ot	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 00	4	M M 06	/ 20 /	y y y y 2014
	Name of Federal Candidate		Support	Offic	e Sought:	House D	District: 00
	MARK J WARNER		X Oppose		President	X Senate	State: VA
	Calendar Year-To-Date Per Election for Office Sought		74783.02	Disb 2014	ursement For: 4 Other (s	Primary	X General
						peeny) /	
	(a) SUBTOTAL of Itemized Independent	Expenditures		···· ►		-7	0.00
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		▶			
	(c) TOTAL Independent Expenditures			▶			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[F]ectron	ically Filed]	M	)2 / D D	/ Y Y 2016	Ý
	Signature		Da	ate	13	2016	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 197 OF 2 FOR LINE 24 OF FOF	207 RM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBI	
C	ONSERVATIVE MAJORITY	FUND				C00524454	-
						000324434	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends rep	ort filed	on		Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publi	c Distribution/Disseminat	
					06	20 2014	
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			555.	73
	AKRON	ОН	44333		Transaction II Date of Disb	D: SE.71101 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004		<sup>M</sup> 06	/ D D / Y Y 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District:	00
	MARK BEGICH		X Oppose		President	X Senate State:	AK
	Calendar Year-To-Date Per Election for Office Sought		6951.47	Disbu 2014	rsement For:		eneral
	Full Name of Payee				Date of Publ	ic Distribution/Dissemina	tion
	INFOCISION MANAGEMEN	T CORP			M		
	Mailing Address				06	20 2014	
	325 SPRINGSIDE DR				Amount		
	City	State	Zip Code		· · · · ·	2285.4	41
	AKRON	ОН	44333		Transaction I	D: SE.71102 ursement or Obligation	
	Purpose of Expenditure		Category/		M M	/ D D / Y Y	
	VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Type 004		06	22 2014	4
	Name of Federal Candidate		Support	Office	Sought:	House District:	00
	MARK L PRYOR		X Oppose		President		AR
	Calendar Year-To-Date Per Election for Office Sought		28587.52	Disbu 2014	Other (s	Primary 🗙 Ge	eneral
		, ,			Other (s	pecity) 🖻	
	(a) SUBTOTAL of Itemized Independent I	Expenditures		🕨		2841.14	
							_
	(b) SUBTOTAL of Unitemized Independer	it Expenditures		▶			
	(c) TOTAL Independent Expenditures				· · · ·		-
							_
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	[Elaster-	nically Filed	M		/	
	Signature		<i>uically Filed]</i> Date	te 02	2 13	2016	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 198 OF 207 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V	_
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends rep	oort filed	on		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publi	ic Distribution/Dissemination	
					06	/ D D / Y Y Y Y 20 / 2014	
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			4094.76	
	AKRON	ОН	44333		Transaction II Date of Disb	D:SE.71103 pursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 004	4	<sup>M</sup> 06	/ D D / Y Y Y Y 22 / 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	
	MARK E UDALL		X Oppose			Senate State: CO	_
	Calendar Year-To-Date Per Election for Office Sought		51220.17	Disbu 2014	Other (si	Primary X General	
	Full Name of Payee					lic Distribution/Dissemination	-
	INFOCISION MANAGEMEN	T CORP			M M	/ D D / Y Y Y	1
	Mailing Address 325 SPRINGSIDE DR				06	20 2014	I,
	323 SPRINGSIDE DR				Amount		
	City	State	Zip Code			3568.57	1
	AKRON	ОН	44333		Transaction I	D: SE.71105 Dursement or Obligation	Ĩ
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N		Category/	1	06	/ D D / Y Y Y Y 22 2014	1
			Туре		00	2014	
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	-
	MARY L LANDRIEU		X Oppose		President	X Senate State: LA	-
	Calendar Year-To-Date Per Election for Office Sought		44638.24	Disbu 2014		Primary X General	
							Ī
	(a) SUBTOTAL of Itemized Independent	Expenditures		···· ►		7663.33	
	(b) SUBTOTAL of Unitemized Independe	nt Expanditures					i.
	(b) SUBTOTAL OF Onitemized independent			···· ►			I.
	(c) TOTAL Independent Expenditures			🕨	· · · ·		1
				F	-7-		1
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Elaster-	ically Filed]	M			
	Signature		Da	ite 0	2 13	2016	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 199 OF 207 FOR LINE 24 OF FORM 32	X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER	
C	ONSERVATIVE MAJORITY	FUND				C00524454	1
					U	000024404	l.,
Ch	eck if 24-hour report 48-hour r	report 📃 New rep	port Amends rep	ort filed	on		]
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			Date of Publi	ic Distribution/Dissemination	_
	Mailing Address				06	20 2014	
	325 SPRINGSIDE DR				Amount		_
	City	State	Zip Code			4207.36	
	AKRON	ОН	44333		Transaction II Date of Disb	D : SE.71106 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004		06 <sup>M</sup>	/ D D / Y Y Y Y 22 / 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	_
	AL FRANKEN		X Oppose		President	X Senate State: MN	_
	Calendar Year-To-Date Per Election for Office Sought		52628.69	Disbu 2014	rsement For:	Primary X Genera	.I
	Full Name of Payee				Date of Publ	ic Distribution/Dissemination	_
	INFOCISION MANAGEMEN	T CORP			M M 06	/ D D / Y Y Y Y 20 2014	T.
	Mailing Address 325 SPRINGSIDE DR				00	20 2014	4
	323 SERINGSIDE DR				Amount		
	City	State	Zip Code			803.81	٦
	AKRON	ОН	44333		Transaction II	D : SE.71107 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N		Category/ 004		M M	/ D D / Y Y Y Y	٦
			Туре		06	22 2014	_
	Name of Federal Candidate		Support	Office	Sought:	House District: 00	
	JOHN E WALSH		X Oppose		President	Senate State: MT	
	Calendar Year-To-Date Per Election for Office Sought		10054.64	Disbu 2014	rsement For:	Primary X Genera	ιl
		······································			Other (s	pecify) ►	_
	(a) SUBTOTAL of Itemized Independent E	Expenditures		🕨		5011.17	1
	(b) SUBTOTAL of Unitemized Independer	t Expenditures		··· ►			
	(c) TOTAL Independent Expenditures				· · · ·		1
							1
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	Flatro	nically Filed]	M			
	Signature		Date	ie 02	2 13	2016	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 200 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND				C00524454
						000024104
Ch	eck if 24-hour report 48-hour r	report New rep	oort Amends rep	ort filed	on	
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination
					<sup>M</sup> 06	/ D D / Y Y Y Y 20 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			1069.13
	AKRON	ОН	44333		Transaction II	D : SE.71108 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004		06	/ D D / Y Y Y Y 22 / 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	JEANNE SHAHEEN		X Oppose		e L	Senate State: NH
	Calendar Year-To-Date		13373.49	Disbu 2014	rsement For:	Primary X General
	Per Election for Office Sought		13373.49	2014	Other (sp	pecify) ►
	Full Name of Payee	T CORP				ic Distribution/Dissemination
					06	/ D D / Y Y Y Y 20 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code		· · · · ·	7683.15
	AKRON	OH	44333		Transaction II	D : SE.71109
	Purpose of Expenditure		Cotogony		Date of Disb	ursement or Obligation
	VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 004		06	22 2014
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00
	KAY R HAGAN		X Oppose		President	Senate State: NC
	Calendar Year-To-Date		96106.32	Disbu 2014	ursement For:	Primary X General
	Per Election for Office Sought		30100.32	2014	Other (s	pecify) ►
	(a) SUBTOTAL of Itemized Independent I	Expenditures		🕨		8752.28
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures		··· ►		
	(c) TOTAL Independent Expenditures					
				••••		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized				
	SCOTT B MACKENZIE		-i	М	M / D D	
	Signature	[Electron	<i>nically Filed]</i> Date	ie 02	2 13	2016
	-					

116	MIZED INDEPENDENT EXPEND	ITURES				FOR LINE 2	OF 207 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER 🔻
		FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends rep	ort filed o	on	/ D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			M M	lic Distribution	YYYYY
	Mailing Address 325 SPRINGSIDE DR				06 Amount	20	2014
	City	State	Zip Code		· · · · ·		3121.50
	AKRON	OH	44333	1		ID:SE.71110 bursement or C	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004		06	/ 22 /	2014 Y
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	JEFFREY A MERKLEY		X Oppose		President	X Senate	State: OR
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	39045.88	Disbur 2014	sement For:	Primary	General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP			M M		YYYYY
	Mailing Address 325 SPRINGSIDE DR				06 Amount	20	2014
	City	State	Zip Code		· · · ·		6497.95
	AKRON	ОН	44333	7		ID: SE.71111 bursement or (	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 004		06	/ D_D /	2014
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	MARK J WARNER		X Oppose		President	X Senate	State: VA
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	81280.97	Disbur 2014	Sement For:	Primary specify) ►	General
	(a) SUBTOTAL of Itemized Independent I	Expenditures		🕨			9619.45
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures		🕨			
				F			
	(c) TOTAL Independent Expenditures			▶		<u>, , , , ,</u>	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Dat	e 02	M / D 13		6 Y
	Signature						

116	MIZED INDEPENDENT EXPEND	MURES				PAGE 202 FOR LINE 2	OF 207 4 OF FORM 3X
					FEC	IDENTIFICATIO	N NUMBER 🔻
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	M = M	/ D D /	Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP		Dat	M M	lic Distribution/	YYYYY
	Mailing Address 325 SPRINGSIDE DR			Am	06 ount	20	2014
	•						
	City AKRON	State OH	Zip Code 44333			ID : SE.71112 oursement or O	425.08
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 004				2014
	Name of Federal Candidate		Support	Office Sou	ight:	House	District: 00
	MARK BEGICH		X Oppose			Senate	State:AK
	Calendar Year-To-Date Per Election for Office Sought		7376.55	Disbursem 2014		Primary	K General
	Full Name of Payee	T CORP		Dai	te of Pub	blic Distribution/	Dissemination
	Mailing Address 325 SPRINGSIDE DR			Am	iount	20	2014
	City	State	Zip Code				1748.11
	AKRON	ОН	44333			ID: SE.71113 bursement or C	bligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	NEXT FEW WEEKS	Category/ Type 004		<sup>M</sup> 06	/ D D / 30	Y Y Y Y 2014
	Name of Federal Candidate		Support	Office Sou	ıght:	House	District: 00
	MARK L PRYOR		X Oppose	Pres	sident	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		30335.63	Disbursem 2014		Primary	K General
	(a) SUBTOTAL of Itemized Independent	Expenditures					2173.19
	(b) SUBTOTAL of Unitemized Independe	nt Expanditures					
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	02	/ 13	D / Y Y 2010	
	Signature					-	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 203 OF 207 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND			С	C00524454
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends rep	oort filed	on	/ D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publ	ic Distribution/Dissemination
		,ORI			<sup>M</sup> 06 <sup>M</sup>	/ D D / Y Y Y Y 20 2014
	Mailing Address 325 SPRINGSIDE DR				Amount	
	City	State	Zip Code			3132.08
	AKRON	ОН	44333	-	Transaction II Date of Disb	D: SE.71114 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type 004	ŀ	06	/ D D / Y Y Y Y 30 / 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	MARK E UDALL		X Oppose		- L	Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought		54352.25	Disbu 2014	rsement For:	Primary X General
	Full Name of Payee					lic Distribution/Dissemination
	INFOCISION MANAGEMEN	T CORP			M	
	Mailing Address 325 SPRINGSIDE DR				06	20 2014
	323 SPRINGSIDE DR				Amount	
	City	State	Zip Code			2729.60
	AKRON	ОН	44333		Transaction I	D : SE.71115 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N		Category/		M M	/ D D / Y Y Y Y
	VOTER CONTACT CALLS OVER THE M	IEXT FEW WEEKS	Type 004		06	30 2014
	Name of Federal Candidate		Support	Office	Sought:	House District: 00
	MARY L LANDRIEU		X Oppose		President	X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	47367.84	Disbu 2014	rsement For:	Primary X General
					X	
	(a) SUBTOTAL of Itemized Independent	Expenditures		🕨		5861.68
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		▶		
	(c) TOTAL Independent Expenditures					
				•••• •	-7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized				
	SCOTT B MACKENZIE		ically Fil-J1	M	M / D D	
	Signature	[Electron	<i>lically Filed]</i> Dat	te 02	2 13	2016
	-					

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 204 OF 20 FOR LINE 24 OF FORM	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER	-
C	ONSERVATIVE MAJORITY	FUND				C00524454	
Ch	eck if 24-hour report 48-hour r	report 📃 New rep	oort Amends rep	ort filed	on		Y
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	c Distribution/Disseminatio	on
					06	/ D D / Y Y Y 20 2014	Y
	Mailing Address 325 SPRINGSIDE DR				Amount		_
	City	State	Zip Code			3218.21	1
	AKRON	ОН	44333		Transaction II Date of Disb	D: SE.71116 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004		<sup>M</sup> 06	/ D D / Y Y Y 30 / 2014	Y
	Name of Federal Candidate		Support	Office	Sought:	House District: 0	0
	AL FRANKEN		X Oppose		President	X Senate State: M	N
	Calendar Year-To-Date Per Election for Office Sought		55846.90	Disbu 2014	rsement For:	Primary X Gen	eral
	Full Name of Payee				Other (sp		
		T CORP			M M	ic Distribution/Disseminatio	
	Mailing Address 325 SPRINGSIDE DR				06	20 2014	_
	323 SERINGSIDE DR				Amount		
	City	State	Zip Code			614.83	3
	AKRON	ОН	44333		Transaction II	D: SE.71117 ursement or Obligation	_
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N		Category/	-	M M	/ D D / Y Y Y	Y
		EAT FEW WEEKS	Type 004		06	30 2014	
	Name of Federal Candidate		Support	Office	Sought:	House District:	00
	JOHN E WALSH		X Oppose		President	X Senate State: M	1T
	Calendar Year-To-Date Per Election for Office Sought		10669.47	Disbu 2014	rsement For:	Primary X Gen	neral
	Fer Election for Onice Sought				Other (s	pecify) ►	
	(a) SUBTOTAL of Itemized Independent I	Expandituras				3833.04	-
	(a) SUBTUTAL OF REINIZED INdependent i	_xpenditures		🕨		5555.04	_
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures		►			
	(c) TOTAL Independent Expenditures				· · · ·		
				ŗ			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized					
	SCOTT B MACKENZIE	Electro	ically Filed]	M			
	Signature		Date	te 02	2 13	2016	

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 205 OF 207 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER V	-
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
					U		
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends re	port filed	on		
	Full Name of Payee INFOCISION MANAGEMENT C				Date of Publi	ic Distribution/Dissemination	
					06	/ D D / Y Y Y Y 20 2014	
	Mailing Address 325 SPRINGSIDE DR				Amount		
	City	State	Zip Code			817.79	l
	AKRON	ОН	44333		Transaction II Date of Disb	D : SE.71118 ursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	IEXT FEW WEEKS	Category/ Type	4	<sup>M</sup> 06	/ D D / Y Y Y Y 30 / 2014	
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	
	JEANNE SHAHEEN		X Oppose		President	Senate State: <u>NH</u>	
	Calendar Year-To-Date Per Election for Office Sought		14191.28	Disbu 2014	ursement For:	Primary X General	
	Full Name of Payee					lic Distribution/Dissemination	
	INFOCISION MANAGEMEN	T CORP			M	/ D D / Y Y Y	È
	Mailing Address 325 SPRINGSIDE DR				06	20 2014	
	SZS SPRINGSIDE DR				Amount		
	City	State	Zip Code			5876.84	1
	AKRON	ОН	44333		Transaction I	D: SE.71119 pursement or Obligation	1
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N		Category/ 004	1	M	/ D D / Y Y Y Y	Ĺ
	VOTER CONTACT CALLS OVER THE N	TEXT FEW WEEKS	Туре	+	06	30 2014	
	Name of Federal Candidate		Support	Office	e Sought:	House District: 00	-
	KAY R HAGAN		X Oppose		President	X Senate State: <u>NC</u>	-
	Calendar Year-To-Date Per Election for Office Sought		101983.16	Disbu 2014		Primary X General	
						· · · · · · · · · · · · · · · · · · ·	_
	(a) SUBTOTAL of Itemized Independent	Expenditures		···· ►		6694.63	
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		▶			
	(c) TOTAL Independent Expenditures						Ľ
					-7-		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	SCOTT B MACKENZIE	[Fleature	ically Filed]	M	M / D D		
	Signature		Da	ate 0	2 13	2016	

ITE	EMIZED INDEPENDENT EXPEND	TURES				PAGE 206 FOR LINE 2	OF 207 24 OF FORM 3X	
					FEC I	DENTIFICATIO	ON NUMBER V	
C	ONSERVATIVE MAJORITY	-UND			С	C00524454		
Ch	eck if 24-hour report 48-hour re	eport New rep	ort Amends rep	ort filed on	M	/ D D /	Y Y Y Y Y	
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP		D	M M		YYYYY	
	Mailing Address 325 SPRINGSIDE DR			A	06 mount	20	2014	
	City	State	Zip Code	F			2387.63	
	AKRON	ОН	44333			D:SE.71120 Dursement or C		
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NE	EXT FEW WEEKS	Category/ Type 004		<sup>M</sup> 06	/ D D / 30	2014	
	Name of Federal Candidate		Support	Office Se	ought:	House	District: 00	
	JEFFREY A MERKLEY		X Oppose	Pr	esident	X Senate	State: OR	
	Calendar Year-To-Date Per Election for Office Sought		41433.51	Disburse 2014	ment For:	Primary pecify) ►	X General	
	Full Name of Payee				Date of Public Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DR			A	06 Imount	20	2014	
	City	State	Zip Code	— F			4970.28	
	AKRON	ОН	44333			ID: SE.71121 oursement or (	Dbligation	
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE N	EXT FEW WEEKS	Category/ Type 004		06 <sup>M</sup>	/ <b>30</b> /	2014	
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00	
	MARK J WARNER		X Oppose	Pr	resident	X Senate	State: VA	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	86251.25	Disburse 2014	ement For: Other (s	Primary	General	
	(a) SURTOTAL of Itemized Independent F	vnenditures		<u>.</u> Г			7357 01	
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
	(c) TOTAL Independent Expenditures			▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	SCOTT B MACKENZIE	[Electron	ically Filed]	02	/ 13	201	6 Y	
	Signature		Date					

ITE	EMIZED INDEPENDENT EXPENDITURES			PAGE 207 OF 207 FOR LINE 24 OF FORM 3X			
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
C	ONSERVATIVE MAJORITY FUND			C C00524454			
Ch	eck if 24-hour report 48-hour report New re	port Amends repo	ort filed	on / / / /			
	Full Name of Payee STRATEGIC CAMPAIGN GROUP			Date of Public Distribution/Dissemination			
	Mailing Address 4600 NORTH FAIRFAX DR			Amount			
	SUITE 802	7. 0. 1		7500.00			
	City State ARLINGTON VA	Zip Code 22203		7500.00 Transaction ID : SE.71130			
				Date of Disbursement or Obligation			
	Purpose of Expenditure TELETOWN HALL - ACTIVIST RECRUITMENT (6/18)	Category/ Type 004		06 / 09 / Y Y Y 2014			
	Name of Federal Candidate	X Support	Office	Sought: House District: 00			
	JONI K ERNST	Oppose		President X Senate State: IA			
	Calendar Year-To-Date	7500.00	Disbu 2014	rsement For: Primary X General			
	Per Election for Office Sought	7300.00	2014	Other (specify) ►			
	Full Name of Payee STRATEGIC CAMPAIGN GROUP			Date of Public Distribution/Dissemination			
				06 18 2014			
	Mailing Address 4600 NORTH FAIRFAX DR			Amount			
	SUITE 802						
	City State ARLINGTON VA	Zip Code 22203		7500.00 Transaction ID : SE.48335			
	Purpose of Expenditure			Date of Disbursement or Obligation			
	TELETOWN HALL - ACTIVIST RECRUITMENT	Category/ Type 004		06 / <sup>D</sup> 18 / <sup>Y</sup> 2014			
	Name of Federal Candidate	X Support	Office	e Sought: House District: 00			
	JONI K ERNST	Oppose		President X Senate State: IA			
	Calendar Year-To-Date	15000.00	Disbu 2014	Irsement For: Primary X General			
	Per Election for Office Sought			Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures			202207.02			
				202307.82			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	SCOTT B MACKENZIE						
	[Electro	Date []	e 02	2 13 2016			
	Signature						