Image# 15970018374 PAGE 1 / 12

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Or	nly
1.	NAME OF COMMITTEE (in full)	TYPE OR PR	INT ▼	Exampl over the	e: If typin e lines.	g, type	12FE4M5	5	
k	Keep Conservatives L	Inited		1 1 1	1 1 1				
_									
AD	DRESS (number and street)	Post Office	Box 246						
r	Check if different								
ľ	than previously reported. (ACC)	Wake Fore	est 				NC	27588	
2.	FEC IDENTIFICATION N	UMBER ▼	CIT	<b>Y A</b>		S	STATE 🛦	ZIP	CODE A
	C C00499525		3. IS	THIS EPORT	× (N	EW N) <b>OR</b>	Al (A	MENDED )	
4.	TYPE OF REPORT (Choose One)	(b) Month Repor	t L	20 (M2)	M	lay 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due C		20 (M3)	J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
			Apr 2	20 (M4)	J	ul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (0	Q1) (c) 1	2-Day	Prir	nary (12P)		General	(12G)	Runoff (12R)
	July 15 Quarterly Report (0	O2) F	PRE-Election	H					
	October 15 Quarterly Report (0		Report for the:	Col	nvention (1	20)	Special	(123)	
	→ January 31 Year-End Report (		Election		M = M /	D   D /	Y	in t Sta	the ate of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	on F	O-Day	Ger	neral (30G	)	Runoff (	30R)	Special (30S)
	Termination Report		Report for the:		и м /	D = D /	Y = Y = Y = Y	in t	the
	(12.1)		Election	n on					ate of
5.	Covering Period 1		2014		hrough	12	/ D D 31	2014	Y
Ιc	ertify that I have examined the	nis Report and	to the best of	my knowled	lge and b	elief it is true	e, correct an	d complete.	
Тур	oe or Print Name of Treasure	er Bob Harris							
Sig	gnature of Treasurer Bob	Harris		[Ele	ctronically	Filed] Da	ate 01	M / D D D 15	2015
NC	TE: Submission of false, error	neous, or incom	nplete information	may subjec	t the pers	on signing th	is Report to t	he penalties o	f 2 U.S.C. §437g.
	Office				·			1	ORM 3X
	Use Only								12/2004

#### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Keep Conservatives United 25 2014 2014 Report Covering the Period: 11 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3034.59 January 1, 2014 (b) Cash on Hand at 26332.61 Beginning of Reporting Period..... 366150.00 0.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26332.61 369184.59 6(a) and 6(c) for Column B)..... 0.00 342851.98 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 26332.61 26332.61 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 94500.00 Schedule C and/or Schedule D) ..... 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

Keen	Conser	vatives	United
IVECD	COLISCI	valives	United

Report Covering the Period: From:	25 2014 To	o: 12 31 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total This Feriou	Calelidai Teal-10-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	292150.00
,		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0.00	292150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	222	292150.00
Totals to Line 33, page 5)▶	0.00	292150.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Love Books I	0.00	74000.00
3. All Loans Received	7	7400.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	366150.00
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ▶	0.00	366150.0

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		2.1.3.1.4.1.10.10.20.10
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	b) Other Federal Operating		
,	Expenditures	0.00	79819.81
(	c) Total Operating Expenditures	0.00	70940 94
)2 T	(add 21(a)(i), (a)(ii), and (b))▶	0.00	79819.81
C	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees	0.00	
	and Other Political Committees	0.00	0.00
	ndependent Expenditures use Schedule E)	0.00	252032.17
25. C	Coordinated Party Expenditures 2 U.S.C. §441a(d))		
(	use Schedule F)	0.00	0.00
26 I	oan Repayments Made	0.00	0.00
.O. L	odii riepaymento wade		
27. L	oans Made Refunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	3.00
(	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. C	Other Disbursements	0.00	11000.00
29. (	officer dispursements	0.00	1100.00
30. F	rederal 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
4 7	otal Dishuraamanta (add Lines 01/a) 00		
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	342851.98
_	, , , , , , , , , , , , , , , , , , , ,	3.00	042001.30
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	0.00	342851.98
П	rom Line 31)	0.00	342031.90

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	292150.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	292150.00
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	79819.81
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	0.00	79819.81

Use separate schedule(s) for each category of the

PAGE 6 OF 12

FOR LINE 13 OF FORM 3X

		Detailed S	Summary Page	FOR LINE	13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Transact	tion ID : SC/10.4	1103
Keep Conservatives United					
LOAN SOURCE Full Name (Last, First, M Bob Harris	Middle Initial)		Ele	ection: Primary General	
Mailing Address 3806 Lassiter Mill Rd				Other (specify	<b>'</b> ) <b>▼</b>
City Raleigh	State NC ZIP Co	de 27609	_		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at	Close of This Period
3500.00		0.	00		3500.00
TERMS  Date Incurred	Date Due		Interest Rate		Secured:
08 / 30 / 2011	M M / D D / Y	DEMAND	0.00	<b>%</b> (apr)	Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of E	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding		, .	
2. Full Name (Last, First, Middle Initial)		Name of E	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding	g: ,		
3. Full Name (Last, First, Middle Initial)		Name of E	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding			
4. Full Name (Last, First, Middle Initial)		Name of E	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding			
SUBTOTALS This Period This Page (optiona	 I)				3500.00
TOTALS This Period (last page in this line of	nly)		>	7	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule	D, carry forward	to appropriate	e line of Summary.

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

PAGE 7 OF 12

FOR LINE 13 OF FORM 3X

TOTT EINE 13 OF TOTIM 3X
ID : SC/10.4104
n: imary eneral
ther (specify)
standing at Close of This Period
3000.00
Secured:
% (apr) Yes No
7
3000.00 appropriate line of Summary.

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

PAGE 8 OF 12
FOR LINE 13 OF FORM 3X

	Detailed Sulfillary Page 1 0 1 1 1 1 0 1 1
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4189
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Bob Harris	Primary
	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify) ▼
City Raleigh State NC	ZIP Code 27609
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
14000.00	0.00 14000.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
Man / Dad / Yayayay Man / D	
03 17 2012	ON DEMAND 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Sour	rce
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Acceptance
City State ZIP Code	Amount Guaranteed
Only State Zir Gode	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	·
	Amount
City State ZIP Code	Guaranteed Outstanding:
	·
SUBTOTALS This Period This Page (optional)	14000.00
TOTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for	this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 9 OF 12 FOR LINE 13 OF FORM 3X

Transaction ID : SC/10.4296  Election:
Primary General Other (specify) ▼  Balance Outstanding at Close of This Period  15000.00  Interest Rate Secured: 0.00  Yes   mployer
Primary General Other (specify) ▼  Balance Outstanding at Close of This Period  15000.00  Interest Rate Secured: 0.00  Yes   mployer
Primary General Other (specify) ▼  Balance Outstanding at Close of This Period  15000.00  Interest Rate Secured: 0.00  Yes   mployer
General Other (specify) ▼  Balance Outstanding at Close of This Period  15000.00  Interest Rate Secured:  0.00 Yes   mployer
Balance Outstanding at Close of This Periodo 15000.00  Interest Rate Secured:  0.00 Yes X
Balance Outstanding at Close of This Period  15000.00  Interest Rate Secured:  0.00  (apr)  Yes N
Interest Rate Secured:  0.00 % (apr) Yes X
Interest Rate Secured:  0.00 % (apr) Yes X
Interest Rate Secured:  0.00 % (apr) Yes X
Interest Rate Secured:  0.00 % (apr) Yes X
0.00 % (apr) Yes X
0.00 % (apr) Yes X
0.00 % (apr) Yes X
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<b>j</b> :

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

PAGE 10 OF 12

FOR LINE 13 OF FORM 3X

		Botanoa Gammary 1	
AME OF COMMITTEE (In Full)		Tı	ransaction ID : SC/10.4352
Geep Conservatives United			
LOAN SOURCE Full Name (Last, Firs	st. Middle Initial)		Election:
Bob Harris	st, madio milaly		Primary
			General
Mailing Address 3806 Lassiter Mill Rd			Other (specify)
City Raleigh	State NC ZIP C	ode <sub>27609</sub>	
Original Amount of Loan	Cumulative Payment T	To Date E	alance Outstanding at Close of This Period
32000.00		0.00	32000.00
TERMS		,	
Date Incurred	Date Due	e Interest F	late Secured:
06 / 20 / 2014	M = M / D = D / Q	DEWINA DEWINA	.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	any) to Loan Source		
1. Full Name (Last, First, Middle Initia		Name of Employer	
Mailing Address		Occupation	
		A	
City Sta	ate ZIP Code	Amount Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial		Name of Employer	
M. T. A. I.			
Mailing Address		Occupation	
		Amount	
City	ate ZIP Code	Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
		300000000000000000000000000000000000000	
		Amount	
City	ate ZIP Code	Guaranteed	
		Outstanding:	
		1	
		r	
SUBTOTALS This Period This Page (opti	onal)	<u> </u>	32000.00
OTAL C This Desired (feet on a feet) in			
OTALS This Period (last page in this lin	e only)		
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D. carrv f	orward to appropriate line of Summarv.
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry f	orward to appropriate line of Summary

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

PAGE 11 OF 12
FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4377
Keep Conservatives United	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Bob Harris	Primary
	General
Mailing Address 3806 Lassiter Mill Rd	Other (specify) ▼
City Raleigh State NC	ZIP Code 27609
	ayment To Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS	
	Date Due Interest Rate Secured:
07 02 7 2014	ON DEMAND 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Oh. ZID Onda	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
3	
	Amount
City State ZIP Code	Guaranteed
A Full Name // oct First Mid-II- I-45-IV	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
NUDTOTAL O This Decid This Decid (a Control)	15000.00
SUBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for the	is line. If no Schedule D, carry forward to appropriate line of Summary.

#### SCHEDULE C (FEC Form 3X)

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

PAGE 12 OF 12 FOR LINE 13 OF FORM 3X

Original Amount of Loan  Cumulative Payment T  12000.00  TERMS  Date Incurred  Date Due	0.00 12000.00
City Raleigh Original Amount of Loan  Date Incurred  Date Due  Make All Endorsers or Guarantors (if any) to Loan Source	Primary General Other (specify) ▼  Ode 27609  O Date Balance Outstanding at Close of This Period 12000.00  Interest Rate N DEMAND  O.00  Yes  Value of This Period 12000.00  (apr)  Yes
Mailing Address 3806 Lassiter Mill Rd  City Raleigh State NC ZIP C  Original Amount of Loan Cumulative Payment T  12000.00  TERMS  Date Incurred Date Due  08 / 13 / 2014  List All Endorsers or Guarantors (if any) to Loan Source	Primary General Other (specify) ▼  Ode 27609  O Date Balance Outstanding at Close of This Period 12000.00  Interest Rate N DEMAND  O.00  Yes  Value of This Period 12000.00  (apr)  Yes
Mailing Address 3806 Lassiter Mill Rd  City Raleigh State NC ZIP C  Original Amount of Loan Cumulative Payment T  12000.00  TERMS  Date Incurred Date Due  08 / 13 / 2014  List All Endorsers or Guarantors (if any) to Loan Source	Primary General Other (specify) ▼  Ode 27609  O Date Balance Outstanding at Close of This Period 12000.00  Interest Rate N DEMAND  O.00  Yes  Value of This Period 12000.00  (apr)  Yes
Mailing Address 3806 Lassiter Mill Rd  City Raleigh State NC ZIP C  Original Amount of Loan Cumulative Payment T  12000.00  TERMS  Date Incurred Date Due  08 13 2014  List All Endorsers or Guarantors (if any) to Loan Source	General Other (specify) ▼  Ode 27609  Date Balance Outstanding at Close of This Period 12000.00  Interest Rate N DEMAND  O.00  Yes  Yes
Original Amount of Loan  Cumulative Payment T  12000.00  CERMS  Date Incurred  Date Due  08  13  2014  Date Due  13  Date Incurred  Date Due  13  Date Due  14  Date Due  15  Date Due  16  Date Due  17  Date Due  18  Date Due	Other (specify)  Other
Original Amount of Loan  Cumulative Payment T  12000.00  ERMS  Date Incurred  Date Due  08 / 13 / 2014  Date Due  13 / 2014  Date Due  14 / 00  Date Due  15 / 00  Date Due  16 / 00  Date Due  17 / 00  Date Due  18 / 00  Date Due  18 / 00  Date Due	Do Date  Balance Outstanding at Close of This Period 12000.00  Interest Rate  N DEMAND  O.00  Secured:  (apr)  Yes
Original Amount of Loan  12000.00  CERMS  Date Incurred  08  13  2014  Date Due  13  Date Due  13  Date Due  14  Date Due  15  Date Due  16  Date Due  17  Date Due  18  D	Balance Outstanding at Close of This Period Date  0.00  12000.00  Interest Rate  Secured:  N DEMAND  0.00  Yes
12000.00  TERMS  Date Incurred  Date Due  13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	0.00 12000.00  Interest Rate Secured:  N DEMAND 0.00 % (apr) Yes
Date Incurred  Date Due  Mo8 / 13 / 2014  Date Due	e Interest Rate Secured:  N ĎEMÁNĎ 0.00 % (apr) Yes
Date Incurred  Date Due  M 08	N DEMAND 0.00 % (apr) Yes
ist All Endorsers or Guarantors (if any) to Loan Source	N DEMAND 0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source	76 (apr)
	Name of Employer
. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
P. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Clata 710 Octo	Amount
City State ZIP Code	Guaranteed Outstanding:
. Full Name (Last, First, Middle Initial)	Name of Employer
(200, 1.0., 1.0.)	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
•	Outstanding:
	12000.00
BTOTALS This Period This Page (optional)	12000.00
TALS This Period (last page in this line only)	94500.00
ry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Sobodulo D. carry forward to appropriate line of Summe