

**FEC
FORM 3X**

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

RECEIVED

2014 MAR 25 AM 11:48
Office Use Only

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

Southern Arizona Conservative Political Action Committee

ADDRESS (number and street) **PO Box, 1504**

Check if different than previously reported. (ACC)

Sahuarita **AZ** **85629**

2. **FEC IDENTIFICATION NUMBER** **C 005012046**

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [] / [] / [] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period **01 / 01 / 2014** through **03 / 17 / 2014**

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

Type or Print Name of Treasurer **DONALD T. WOOLEY**

Signature of Treasurer *Donald T. Wooley* Date **03 / 18 / 2014**

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

14031201391

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Southern Arizona Conservative Political Action Committee

Report Covering the Period: From: ^M01 / ^D01 / ^Y2014 To: ^M03 / ^D17 / ^Y2014

14031201392

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	,	6,543.03
(b) Cash on Hand at Beginning of Reporting Period.....	,	6,543.03
(c) Total Receipts (from Line 19).....	,	1,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	,	7,543.03
7. Total Disbursements (from Line 31).....	,	7,543.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	,	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	,	0

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Southern Arizona Conservative Political Action Committee

Report Covering the Period: From: **01 / 01 / 2014** To: **03 / 17 / 2014**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0

0

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0

0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

1 0 0 0 0 0

1 0 0 0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1 0 0 0 0 0

1 0 0 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1 0 0 0 0 0

1 0 0 0 0 0

14031201393

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	1,109.03	1,109.03
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,000.00	2,000.00
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	4,434.00	4,434.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7,543.03	7,543.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7,543.03	7,543.03

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	

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

NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

A. Full Name (Last, First, Middle Initial)
Estrella, Daniel

Mailing Address
3984 E Nico Lane

City **Tucson** State **AZ** Zip Code **85706**

FEC ID number of contributing federal political committee. **Refund** C **N/A**

Name of Employer **AZ Army National Guard** Occupation **Unknown**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1 0 0 0 0 0**

Date of Receipt **02 / 24 / 2014**

Amount of Each Receipt this Period **1 0 0 0 0 0**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **1 0 0 0 0 0**

TOTAL This Period (last page this line number only).....▶ **1 0 0 0 0 0**

14031201395

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

14031201396

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 5				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial) A. Estrella, Daniel		Date of Disbursement 01^M / 31^D / 2014^Y Y
Mailing Address 3984 E Nico Lane		Amount of Each Disbursement this Period , 1,000.00
City Tucson	State AZ	
Zip Code 85706		Amount of Each Disbursement this Period , 1,000.00
Purpose of Disbursement Estrella for Arizona Campaign		
Candidate Name Daniel Estrella		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: LD2	

Full Name (Last, First, Middle Initial) B. Kais, Shelley		Date of Disbursement 01^M / 24^D / 2014^Y Y
Mailing Address PO Box 1417		Amount of Each Disbursement this Period , 1,000.00
City Sahuarita	State AZ	
Zip Code 85629		Amount of Each Disbursement this Period , 1,000.00
Purpose of Disbursement Shelley Kais for Congress Campaign		
Candidate Name Shelley Kais		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: CD2	

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

SUBTOTAL of Disbursements This Page (optional).....▶	, 2,000.00
TOTAL This Period (last page this line number only).....▶	, 2,000.00

14031201397

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tea Party Patriots Citizen Fund		Date of Disbursement
Mailing Address PO Box 96662		03 / 17 / 2014
City Washington D.C.	State 	Amount of Each Disbursement this Period
Zip Code 20090-666		
Purpose of Disbursement Contribution to Tea Party Patriots Citizens Fund		, 5 0 0 . 0 0
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: 	District: 	

B. Our Voice PAC		Date of Disbursement
Mailing Address PO Box 8262		03 / 17 / 2014
City Reno	State NV	Amount of Each Disbursement this Period
Zip Code 89507		
Purpose of Disbursement Contribution to Our Voice PAC		, 6 0 9 . 0 3
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: 	District: 	

C.		Date of Disbursement
Mailing Address		 / /
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		, , ,
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: 	District: 	

SUBTOTAL of Disbursements This Page (optional).....▶	, 1, 1 0 9 . 0 3
TOTAL This Period (last page this line number only).....▶	1 1 0 9 0 3

14031201398

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

Use separate schedule(s) for each category or the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 5	
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input checked="" type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial) A. Woolley, Donald		Date of Disbursement 03 / 07 / 2014
Mailing Address PO Box 1598		Amount of Each Disbursement this Period 20500
City Sahuarita	State AZ	
Zip Code 85629		Category/ Type 002
Purpose of Disbursement Travel and Travel Expenses		
Candidate Name N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: 	District: 	

Full Name (Last, First, Middle Initial) B. Mayes, Sue		Date of Disbursement 01 / 16 / 2014
Mailing Address 4603 S Camino del Tejon		Amount of Each Disbursement this Period 120000
City Green Valley	State AZ	
Zip Code 85622		Category/ Type 003
Purpose of Disbursement Fundraising expense, Raffle Item		
Candidate Name N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: 	District: 	

Full Name (Last, First, Middle Initial) C. Santa Cruz Valley Friends of the NRA Dinner		Date of Disbursement 01 / 21 / 2014
Mailing Address PO Box 384		Amount of Each Disbursement this Period 45000
City Green Valley	State AZ	
Zip Code 85622		Category/ Type 003
Purpose of Disbursement Dinner Expenses for Board of Directors		
Candidate Name N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: 	District: 	

SUBTOTAL of Disbursements This Page (optional).....▶	1,855.00
TOTAL This Period (last page this line number only).....▶	

14031201399

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial) A. Snell and Wilmer		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014	
Mailing Address 400 E Van Buren St., Ste 1900		Amount of Each Disbursement this Period , 9 3 5 . 0 0	
City Phoenix	State AZ		001 Category/ Type
Zip Code 85004			
Purpose of Disbursement Administrative Fees			
Candidate Name N/A			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Western Conference Convention		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 651 Brannan St. Suite 110		Amount of Each Disbursement this Period , 5 0 2 . 9 4	
City San Francisco	State CA		003 Category/ Type
Zip Code 94107			
Purpose of Disbursement Representation at Convention			
Candidate Name N/A			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Angle, Sharron		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address PO Box 8262		Amount of Each Disbursement this Period , 2 4 1 . 0 0	
City Reno	State NV		002 Category/ Type
Zip Code 89507			
Purpose of Disbursement Travel Expenses to Arizona			
Candidate Name N/A			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, 1,678.94
TOTAL This Period (last page this line number only).....▶	, , .

14031201400

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 5	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial) A. Hyatt Regency Hotel		Date of Disbursement 0 2 / 2 6 / 2 0 1 4	
Mailing Address 122 N 2nd Street		Amount of Each Disbursement this Period 4 8 0 . 3 8	
City Phoenix	State AZ		Zip Code 85004
Purpose of Disbursement Lodging Expense	002		
Candidate Name N/A	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. KNST Clear Channel Radio		Date of Disbursement 0 2 / 2 8 / 2 0 1 4	
Mailing Address 3202 N Oracle Road		Amount of Each Disbursement this Period 3 2 0 . 0 0	
City Tucson	State AZ		Zip Code 85705
Purpose of Disbursement Advertising Expense/Radio time	004		
Candidate Name N/A	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

SUBTOTAL of Disbursements This Page (optional).....▶	8 0 0 . 3 8
TOTAL This Period (last page this line number only).....▶	4 3 3 4 . 3 2

14031201401

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

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

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

0

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

0

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

14031201402

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Southern Arizona Conservative Political Action Committee		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name N/A		Amount of Loan 0	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

14031201403

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

14031201404

NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

A. 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	

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

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

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

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

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

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

NAME OF COMMITTEE (In Full) Southern Arizona Conservative Political Action Committee	FEC IDENTIFICATION NUMBER ▼ C 005012046
--	---

Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount XXXXXXXXXX
City State Zip Code	
Purpose of Expenditure	Category/Type XXXX
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought XXXXXXXXXX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount XXXXXXXXXX
City State Zip Code	
Purpose of Expenditure	Category/Type XXXX
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought XXXXXXXXXX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	XXXXXXXXXX 0
(b) SUBTOTAL of Unitemized Independent Expenditures.....	XXXXXXXXXX 0
(c) TOTAL Independent Expenditures.....	XXXXXXXXXX 0

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

Signature _____ Date MM / DD / YYYY

14031201405

SCHEDULE F (FEC Form 3X)

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

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

NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

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

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

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

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

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

14031201406

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- X Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

14031201407

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

14031201408

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

14031201409

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Southern Arizona Conservative Political Action Committee

Form A: Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event (Administrative, Fundraising, Exempt, Voter Drive, Direct Candidate Support, Public Comm), Allocated Activity or Event Year-To-Date, Date, FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Form B: Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, Allocated Activity or Event Year-To-Date, Date, FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Form C: Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, Allocated Activity or Event Year-To-Date, Date, FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

SUBTOTAL FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

TOTAL FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

14031201410

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

14031201411

NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration..... []

ii) **Voter ID**
Total Amount Transferred for Voter ID []

iii) **GOTV**
Total Amount Transferred for GOTV []

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity []

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration..... []

ii) **Voter ID**
Total Amount Transferred for Voter ID []

iii) **GOTV**
Total Amount Transferred for GOTV []

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration)..... []

TOTAL This Period (Voter ID) []

TOTAL This Period (GOTV)..... []

TOTAL This Period (Generic Campaign Activity)..... []

TOTAL This Period (Total Amount of Transfers Received)..... []

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Southern Arizona Conservative Political Action Committee

14031201412

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) Southern Arizona Conservative Political Action Committee
NAME OF ACCOUNT N/A

14031201413

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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)
Southern Arizona Conservative Political Action Committee

14031201414

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

SCHEDULE L-B (FEC Form 3X)

**ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one) 4a 4c 5
 4b 4d

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)
Southern Arizona Conservative Political Action Committee

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

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

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

14031201415

14031201416

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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Southern Arizona Conservative PAC
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 Sahuarita, AZ 85629



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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

14031201417

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 3/20/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

QAU
 PREPARER

3/25/14
 DATE PREPARED