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FEC FORM 3X

Office

Use Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 MAR 25 AH 11: 48

FEC FORM 3X Rev. 12/2004

-				Office Us	e Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5 CMA	CENTER
S	outhern Arizona Cor	pservative Political Action	on Committee	<u> </u>	
Ц	111111			<u> </u>	
ADI	DRESS (number and street)	PO,Box,1504			
	Check if different				
	than previously reported. (ACC)	Sahuarita		AZ 85629	
2.	FEC IDENTIFICATION N	NUMBER V CITY	'	STATE A	ZIP CODE A
	C: 005012046	3. IS	THIS NEW (N) OF	AMENDED (A)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reparts: April 15 Quarterly Report July 15 Quarterly Report Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q1) (Q2) (Q3) (YE) (Q3) (Q4) (Q5) (Q5) (Q6) (Q7) (Q7) (Q7) (Q7) (Q8) (Q9) (Q9) (Q9) (Q9) (Q9) (Q9) (Q9) (Q9	General (30G)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
		1 2014 this Report and to the best of m	-	3 17 2014	1 <u> </u>
	ne or Print Name of Treasur	Ter DONALD T.	Soll	Date 03 / 1	8 2014
NO	TE: Submission of false, erro	oneous, or incomplete information	may subject the person signing	this Report to the penaltic	es of 2 U.S.C. §437g.

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 To: Report Covering the Period: From: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 654303 January 1, (b) Cash on Hand at 6,543,03 Beginning of Reporting Period..... 1,0 0 0 0 0 1 0 0 0 0 0 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7,54303 , 7,54303 6(a) and 6(c) for Column B)..... 7,5 4 3 0 3 7 5 4 3 0 3 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 0 0 0 0 0 0 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on

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

Schedule C and/or Schedule D)

For further information contact:

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

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

M (T) М 1403120

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

^ 41	A 4	~	P 1141 1		A 144
Southern	Arizona	Conservative	Political	Action	Committee

Report Covering the Period: From: 01	′ 01 ′ 2014	o: 03 / 17 / 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		
(i) Itemized (use Schedule A)		
(ii) Uniternized	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	0	0
Totals to Line 33, page 5)		
Party Committees	0	0
3. All Loans Received	0	0
4. Loan Repayments Received	0	0
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0	0
6. Refunds of Contributions Made		
to Federal Candidates and Other	4 0 0 0 0 0	
Political Committees	1 0 0 0 0 0	1_0 0 0 0 0
7. Other Federal Receipts (Dividends, Interest, etc.)	0	0
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0	0
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)	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))▶	100000	100000
20. Total Federal Receipts	100000	400000
(subtract Line 18(c) from Line 19)▶	100000	1 0 0 0 0 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
21.	Ope (a)	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)	0.	O :
		(i) Federal Share	, , , , , , , , , , , , , , , , , , , ,	, , ,
		(ii) Non-Federal Share	0	0.
	(b)	Other Federal Operating	TO A COLOR OF THE SECTION OF THE SEC	n kinda na makan tahun 1944 <u>a</u> t
	/-X	Expenditures	, , , , , , , , , , , , , , , , , , ,	0
	(C)	Total Operating Expenditures	0	· · · · · · · · · · · · · · · · · · ·
22	Tro	(add 21(a)(i), (a)(ii), and (b))▶	Commence of March Survey Survey to the survey of the surve	The second secon
ZZ .		mmittees	1,10903	1,109,03
23.	Col	ntributions to	The second of the second secon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Fed	deral Candidates/Cemmittees 1 Other Political Committees	2,00000	2,00000
24.		ependent Expenditures	, –,	, , ,
	(us	e Schedule E)	0	0
2 5.	Cod	ordinateo Parfy Expenditures U.S.C. §441a(d))		
	(us	e Schedule F)	0	, , 0
			in the second of	
26.	Loa	an Repayments Made	, , , , , , , , , , , , , , , , , , , ,	, , ,
		ans Madefunds of Contributions To:	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
20.		Individuats/Persons Other	0	
		Than Political Committees	, , . 0	, , . 0
	/ -\	Delikingt Dorby Committees	``	0
	٠,	Political Party Committees Other Political Committees	and the state of t	, , , , , , , , , , , , , , , , , , , ,
	(0)	(such as PACs)	0	0
		(500) 05 17(50)	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
	(d)	Total Contribution Refunds	American Company of the Company of the Company	ing a special part of the control of
	,	(add Lines 28(a), (b), and (c))▶	0	0
			•	, , , , , , , , , , , , , , , , , , ,
29.	Oth	ner Disbursements	, 4,4 3.4.0.0	4,4 3 4 0 0
30.	Fed	deral Election Activity (2 U.S.C. §431(20))		
		Allocated Federal Election Activity		
	` '	(from Schedule H6)		
		(i) Federal Share	, , , 0	0
			The state of the s	
		(ii) "Levin" Share	, , 0	, , ,
	(b)	Federal Election Activity Paid Entirely		
		With Federal Funds	· · · · · · · · · · · · · · · · · · ·	0
	(c)	Total Federal Election Activity (add		
		Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, ,	, , . 0
24	T^*	al Dichurcamente (add Lines 21/s) 22		
31.		al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	754202	7 5 4 2 0 2
	23,	27, 23, 20, 21, 20(u), 28 and 30(c))	, 7,54303	, 7,5 4 3 0 3
32	Tot	al Federal Disbursements		
		btract Line 21(a)(ii) and Line 30(a)(ii)		
		m Line 31)	7 5 4 3 0 3	7,543,03
		•	, , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

SCHEDULE A (FEC FORM 3A)			lies congrete cohodulo(s)	FOR LINE NUMBER: PAGE 1 OF 1
IT:	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	13 14 15 X16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full)			
Z	Southern Arizona Conservative	Politica	l Action Committee	
A.	Full Name (Last, First, Middle Initial) Estrella, Daniel			Date of Receipt
	Mailing Address 3984 E Nico Lane City	State	Zip Code	02 24 2014
	Tucson	AZ	85706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	_N/A	1,0,0,0,0,0
	Name of Employer AZ Army National Guard	Occupation Unkno		
	Receipt For: Yellow General	Aggregate	Year-to-Date ▼ 1 0 0 0 0 0 0	
<u> </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.	C		
	Name of Employer	Occupation	<u> </u>	1
	Receipt For: Primary General Other (specify)	55 5	Year-to-Date ▼	
<u> —</u>	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
U.	Mailing Address			Date of Heceipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		- Another of Each Meeting Tellor
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
-	SUBTOTAL of Receipts This Page (optional)			1,0,0,0,0,0
l '	TOTAL This Period (last page this line number of	ייייייייייייייייייייייייייייייייייייי	·······	

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A **COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

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Jse separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 1 OF 5			
or each category of the Detailed Surmanary Page	21b 22 27 28a	24 25 28c 29	26 30b		

	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 30b		
Ar or	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 politinal committee to solicit contributions from such committee.					
1	NAME OF COMMITTEE (In Full)					
/	Southern Arizona Conservative Po	olitical Action Commi	ttee			
Α.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
~-	Estrella, Daniel					
	Mailing Address 3984 E Nico Lane			Ö1 " ′ Š1° ′ '2014		
		State Zip Code 85706				
	Purpose of Disbursement Estrella for Arizona Campaign		044	Amount of Each Disbursement this Period		
	Candidate Name		011			
	Daniel Estrella		Category/ Type	, 1,000.00		
	Office Sought: House Disbursen					
		Primary General Other (specify) ▼				
	State: AZ District: LD2	· · · · · ·				
_	Full Name (Last, First, Middle Initial)			Data of Dishumanasi		
В.	Kais, Snelley			Date of Disbursement O1 24 2014		
	Mailing Address PO Box 1417			01 24 2014		
	City	State Zip Code				
	Sahuarita A Purpose of Disborsement	AZ 85629				
	Shelley Kais for Congress Campa	nign	011	Amount of Each Disbursement this Period		
	Candidate Name Shelley Kais		Category/	1,000,00		
	Office Sought: X House Disburser	ment For:	Туре	, , .		
	Senate X	Primary General				
	State: AZ District: CD2	Other (specify) ▼				
_	Full Name (Last, First, Middle Initial)	······································				
C.				Date of Disbursement		
	Mailing Address			N M / D D / Y Y Y		
	City	State Zip Code				
	Purpose of Disbursement		, , , , , , , , , , , , , , , , , , ,	Amount of Foot Distriction 1911 D. 1		
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disbursen		-,-	, , .		
	Senate President	Primary General				
	State: District:	Other (specify) ▼				
٦	SUBTOTAL of Disbursements This Page (optional)			, 2,000.00		
T.	TOTAL This Period (last page this line number only)		-	2,000,00		
1	IN THE THIS FERIOU (IASE PAYE WIS THE HUMBER ONLY)	/		, , , , , , , , , , , , , , , , , , , ,		

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SCHEDILLE B. (FEC Form 3Y)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	o and didding or any pulled			
Southern Arizona Conservative Po	olitical Action Commit	ttee		
/ Full Name (Last, First, Middle Initial)				
A.			Date of Disbursement	
Tea Party Patriots Citizen Fund			02 M / D D / Y Y Y	
Mailing Address PO Box 96662			03 17 2014	
	State Zip Code			
Washington D.C.	20090-666			
Purpose of Disbursement	Citizana Fund	011	Amount of Each Disbursement this Period	
Contribution to Tea Party Patriots Candidate Name	Cilizens Fund	Category/		
N/A		Type	, ,5 0 0,0 0	
	nent-For: Primary			
Full Name (Last, First, Middle Initial)		-	Date of Disbursement	
B. Our Voice PAC	Our Voice PAC			
Mailing Address PO Box 8262			03 ¹ ′ 17 ¹ ′ 2014 ′	
City	State Zip Code			
Reno Purpose of Disbursement	NV 89507			
Contribution to Our Voice PAC	•			
Candidate Name		Category/	, 609.03	
N/A	-ort For	Туре	, ,009.03	
L I L	Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / OO/YYY	
City	State Zip Code			
Purpose of Disbursement			Accorded Table Distriction and the David	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
<u> </u>	nent For: Primary General Other (specify)			
			110002	
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	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 3 OF 5	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 23 24 25 26	
And information and defined to the control of the c		27	28a 28b 28c X 29 30b	
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NAME OF COMMITTEE (in Full)				
angle Southern Arizona Conservative Po	litical Action Commi	ttee		
Full Name (Last, First, Middle Initial)			D 1 2 (D) 1 2 2 2 2	
Woolley, Donald			Date of Disbursement	
Mailing Address PO Box 1598		Ì	03 07 2014	
City	State Zip Code			
	AZ 85629			
Purpose of Disbursement Travel and Travel Expenses	•	002	Amount of Each Disbursement this Period	
Candidate Name		Category/	ALAMORT DE LE CONTRA LA LAMB DE ALAMORT DE LA CONTRA DELIGIA DE LA CONTRA DELIGIA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DELA CONTRA DEL CONTRA	
N/A		Type	, 20500	
Office Sought: House Disbursen	-			
	Primary ☐ General Other (specify) ▼			
State: District:	(
Full Name (Last, First, Middle Initial)				
^{B.} Mayes, Sue			Date of Disbursement Switch in 17 combined a 7 ft y Srymary any community	
Mailing Address 4603 S Camino del Tejon		01" ' 16" ' 2014"		
	State Zip Code AZ 85622			
Green Valley Purpose of Disbursement	Callader Carrier Carrier			
Fundraising expense, Raffle Item		003	Amount of Each Disbursement this Period	
Cardidate Name	:	Category/	1,20000	
N/A		Туре	the second of th	
Office Sought: House Disbursen	Primary General			
L., i	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Dishursersest	
C. Santa Cruz Valley Friends of the N	NRA Dinner		Date of Disbursement	
Mailing Address			01 21 2014	
PO Box 384	2.0			
-	State Zip Code AZ 85622			
Purpose of Disbursement		003		
Dinner Expenses for Board of Dire	Amount of Each Disbursement this Period			
Candidate Name N/A	j	Category/ Type	4 5 0 0 0	
Office Sought: House Disburser	nent For:	. 300	4.5.0.0.0	
	Primary General			
President State: District:	Other (specify) ▼			
Oldie. District.			1 - 1 - 1	
SUBTOTAL of Disbursements This Page (optional)		·····	1,8 5 5.0 0	
TOTAL This Period (last page this line number only)			d .	
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Surimary Page	FOR LINE (check only 21b 27			
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or use	ed by any pers	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	and address of any politice	. committe R	, contra dominations nom adolf Continues.		
Southern Arizona Conservative Po	olitical Action Commi	ttee			
Full Name (Last, First, Middle Initial)					
A. Snell and Wilmer			Date of Disbursement		
Mailing Address 400 E Van Buren St., Ste 1900			01 27 2014		
City	State Zip Code AZ 85004				
Purpose of Disbursement					
Administrative Fees Candidate Name		001	Amount of Each Disbursement this Period		
N/A		Category/ Type	, ,935,00		
Office Sought: House Disburser Senate	ment For: Primary General				
President	Other (specify)				
State: District:	·				
Full Name (Last, First, Middle Initial) B. Wootern Conference Convention			Date of Disbursement		
Western Conference Convention					
Mailing Address 651 Brannan St. Suite 110			02 ^m ′ [°] 1 ³ 4 ′ 2014 ′ ′		
	State Zip Code CA 94107				
Purpose of Disbursement	0/1 34 10 <i>1</i>				
Representation at Convention		003	Amount of Each Disbursement this Period		
Candidate Name N/A		Category/ Type	, ,502,94		
Office Sought: House Disburser Senate President	nent For: Primary General	75-			
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Angle, Sharron			Date of Disbursement		
Mailing Address PO Box 8262			0 2 1 4 2014		
	State Zip Code				
Reno	NV 89507				
Purpose of Disbursement Travel Expenses to Arizona	Amount of Foot Pickers and this Polis				
Travel Expenses to Arizona 002 Candidate Name Category/			Amount of Each Disbursement this Period		
N/A		Type	, ,241.00		
Office Sought: House Disburser Senate	ment For: Primary General				
President	Other (specify)				
State: District:			<u> </u>		
SUBTOTAL of Disbursements This Page (optional)			, 1,6 7 8 9 4		
TOTAL This Period (last page this line number only)	·····•	, , .		
FE6AN026			FEC Schedule B (Form 3X) flev. 02/200		

		NUMBER: PAGE 5 OF 5		
TEMIZED DISBURSEMENTS	for each category of the	(Check on	· ·	23 24 25 26
	Detailed Summary Page	27	28a 2	28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)			······································	
Southern Arizona Conservative Po	litical Action Commi	ttee		
Full Name (Last, First, Middle Initial)	· 			
A. Hyatt Regency Hotel			Date of Disb	
Mailing Address 122 N 2nd Street			0 2 ′	² 6 ′ 2014 ′ ′
City	State Zip Code AZ 85004			
Purpose of Disbursement			†	
Lodging Expense Candidate Name		002	Amount of E	ach Disbursement this Period
Candidate Name N/A		Category/ Type	٠,	, 4 8 0 3 8
Office Sought: House Disburserr	. —		1	•
<u> </u>	Primary ☐ General Other (specify) ▼			
State: District:	outer (abouty)			
Full Name (Last, First, Middle Initial)			_	_
KNST Clear Channel Radio			Date of Disb	2 8 2014
Mailing Address 3202 N Oracle Road			02	2 8 2014
City	itate Zip Code AZ 85705		1	
Purpose of Disbursement	00/00	r	-	
Advertising Expense/Radio time		004	1	Amount of Each Disbursement this Period
Carididate Name N/A		Category/ Type		,320.00
Office Sought: Honse Disburser	nent For:	туре	-	ta i i i ta a i i i i i i i i i i i i i
Senate	Primary General		1	
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			 	
С.			Date of Dist	
Mailing Address				D D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement	T	t in the	1	en la portar de la companya de la c
Candidate Name		Category/	Amount of E	Each Disbursement this Period
Office Country		Туре	_ , , ,	e e e e e e e e e e e e e e e e e e e
Office Sought: House Disbursen Senate	nent For: Primary General			
	Other (specify)			
State: District:		···		
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)				4 3 3 4 3 2
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CHEDULE C (FEC Form 3X)			
DANS		Use separate schedule(s) for each category of the	PAGE 1 OF 1
		Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			
Southern Arizona Conservative Po	olitical Action Cor	nmittee	
LOAN SOURCE Full Name (Last, First, Mide	dle Initial)	E	lection:
		-	Primary General
Mailing Address	· · · · · · · · · · · · · · · · · · ·		Other (specify) ▼
	State ZIP Co		O Address of This Society
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period
	<u> </u>	<u> </u>	montana
TERMS Date Incurred	Date Due	Interest Rate	Secured:
LMANA / Lana / LAnana / LW	1 Lana) / Lana	- 4 2 4 3 4]	% (apr) Yes No
			% (apr) Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
			· · · · · · · · · · · · · · · · · · ·
City State	ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	P	Amount	
City State	ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
			·
Mailing Address		Occupation	
		Amount	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
Ony State		Outstanding:	
		[~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
SUBTOTALS This Period This Page (optional)		>	
OTALS This Period (last page in this line only)	•	0
		<u> </u>	

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

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

Supplementary for Information found on Page of Schedule C

ederal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER			
Southern Arizona Conservative Political Action	on Committee	C			
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)			
Full Name N/A	The state of the s	.0 %			
Mailing Address City State Zip Code	Date Incurred or Established Date Due				
A. Has loan been restructured? No Yes	If yes, date originally incurred				
B. If line of credit,	Total				
Amount of this Draw:	Outstanding				
C. Are other parties secondarily liable for the debt incurr	red? ust be reported on Schedule (2.)				
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	loan: real estate, personal deposit, chattel papers,	What is the value of this collateral?			
No Yes If yes, specify:		Does the lender have a perfected security			
		interest in it? No Yes			
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, s	7 1	What is the estimated value?			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
Date account established:	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		DATE			
Typed Name					
Signature					
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 C	OFR 100.82 and 100.142 in making	ng this loan.			
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name Signature	itle	WWW / DVB / VVVVV			

HEDINE D /EEC Form 3V)	_		I 1005 4 05 4
HEDULE D (FEC Form 3X)		(Use separate schedule(s)	PAGE 1 OF 1 FOR LINE NUMBER:
BIS AND OBLIGATIONS			(check only one) 9
ME OF COMMITTEE (In Full)		numbered line)	<u> </u>
Southern Arizona Conservative Po	olitical Action Committee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Debt (Purpose):
AA-W Address			
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Lange parameter of the second			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		<u> </u>	/
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of C	/ Debt (Purpose):
2. Tall Mallo (and, 1 los, miles miles, 07 2000)		, value of 2	out (i diposo).
Mailing Address		\dashv /	
Mailing Address		<i>Y</i>	
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
		<u></u>	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Pebt (Purpose):
AA-WA-Jdagaa			
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period	/		
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
SUBTOTALS This Period This Page (optional).		N	
/		_ ;	

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)......

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	PAGE 1 OF 1
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Southern Arizona Conservative Political Action Committee	C 005012046
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Anoun
Purpose of Expenditure Category/	Office Sought: House State:
Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check Opé: Support Oppese
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Nam≘ (Last, First, Middle Initial) of Payee	Date
	INTEL / LOVET / INTERES
Mailing Address	
	Amount
City State Zip Code	
Category/	Office Sought: House State:
/Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
	Crieck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	D
(b) SUBTOTAL of Unitemized Independent Expenditures	· 0
(c) TOTAL Independent Expenditures	
(c) TOTAL Independent Experiorures	> 0
Under penalty of perjury I certify that the Independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Date	, , , , , , , , , , , , , , , , , , , ,
Signature	لحصا لصا

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

	EHALF OF CANDIDATES FOR FED	ERAL OFFICE		PAGE 1 OF 1		
2 U.S	S.C. §441a(d)) (To be used only	by Political Committees in the Gene	ral Election)	FOR LINE 25 OF FORM 3X		
	NAME OF COMMITTEE (In Full)					
	uthern Arizona Conservative Poli					
-	The committee bette designated to make	Full Namer of Suberginate Committee				
Coordin	ated expenditures by a political party committee? YES X NO	N/A		/		
If YES,	name the designating committee:	Mailing Address				
			<u></u>			
		City	Sta	/		
Ful	Name (Last, First, Middle Initial) of Each Payee		Purpose of Exp	enditure		
				<u> </u>		
Ma	iling Address			Category/ Type		
			Date			
City	State	Zip Code		V V V V V V V V V V V V V V V V V V V		
Na	me of Federal Candidate Supported Office Sough		Amount			
1		Senate District:				
		Presidential	Lange			
	gregate General Election					
Ful	Il Name (Last, First, Middle Initial) of Each Payee		Purpose of Exp	enditure		
				Category/		
Ma	iling Address		Date	Туре		
Cit	y State	Zip Code		ANANANA)		
Na	me of Federal Candidate Supported Office Sough	ht: House State:				
	Since Coug	Senate District:	Amount			
		Presidential				
	gregate General Election					
EXI	penditure for this Candidate					
Fu	Il Name (Last, First, Middle Initial) of Each Payee		Purpose of Exp	enditure		
140	uiling Address			Category/ Type		
IVIB	ming routess		Date	1,140		
Cit	y State	Zip Code		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Na	me of Federal Candidate Supported Office Soug	ht: House State:	Amount			
	/	Senate District:	Amount			
<u> </u>		Presidential				
Ag	gregate General Election penditure for this Candidate ▶					
EX	periodicine for this candidate					
SUBT	OTAL of Expenditures This Page (optional)	·····	<u></u>			
TOTA	L This Period (last page this line number only)			0		
	- The Fence has bage this life number Unity)		<u> </u>			

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)

AME 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		
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below		
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal		

SCHEDULE H2 (FEC Form 3X) ALLOCATION BATIOS

PAGE 1 OF 1

ALLOCATION RATIOS		' '		
NAME OF COMMITTEE (In Full) Southern Arizona Conservative Political Action Committee				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA' ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT			
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received metle expenses must equal the federal proportion of monies raised. 	•			
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. Fer PACs Only: Direct candidate support includes public common federal and nenfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal candid nunications or voter drives	lates from the ac- that refer to both		
ACTIVITY OR EVENT IDENTIFIER				
	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTURDY OR SURAT IDENTIFIED	 			
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
New hevised Same as Freviously neported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	% s a r %	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE AATIO IS:	%	%		
New Revised Same as Previously Reported				

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

PAGE OF 1
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)		
Southern Arizona Conservative Pol	litical Action Committee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	LESS / LASASAN	
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		for the same of th
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Ide		
a)		
		<i>f</i>
b)		
	/	
c) Total Amount Transferred For Direct Fundr	raising	
v) Direct Candidate Support (List Activity or E	vent Identifier)	
	and the second s	7
a)		
b)		
J		
c) Total Amount Transferred For Direct Cand	date Support	
		A STATE OF THE PROPERTY OF THE
vi) Public Communications Referring Only to	Party (Made by PAC)	
TOTALS F	OR BREAKDOWN OF TRANSFER RECEIVE	ED
TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
(331313 1333 2110)	5	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		Secretary of the second se
TOTAL This Period (joublic Communications Referring	n Only to Party)	
Total Tille I one y asia communications recently	g w (wij)	
TOTAL This Period (Total Amount Transferred)		
·		

4031201410

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	C	F	1	
FOR	LINE	212	OF	FORM	3Y

S	Southern Arizona Conservative Pol	litical Action Comm	nittee		
A.	Full Name (Last, First, Middle Initial)	• • • • •		Allocated Activity or Event:	
	Mailing Address		Administrative Fundraising Exempt		
			Voter Drive Direct Candidate Support		
	City	State Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:			Allocated Activity or Event Year To-Date	
	Activity or Event Identifier:		Category/	Levens Level 1 Level 1 Level 1	
			Туре	Date	
		+ NONFEDERAL		= TOTAL AMOUNT	
			_^^		
В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Administrative Fundraising Exempt	
	Mailing Address			Voter Drive Direct Candidate Support	
	City	State Zip Code		Public Comm (ref to party only) by PAC	
	D		/	Allocated Activity or Event Year-To-Date	
	Purpose of Disbursement:				
	Activity or Event Identifier:				
			Cátegory/ Type	Date Date	
	FEDERAL SHARE	+ NONFEDERAL	SHARE	= TOTAL AMOUNT	
		Lange of the			
c .	Full Name (Last, First, Middle Initial)	Lange	<u> </u>	Allocated Activity or Event:	
c.		Lange		Allocated Activity or Event:	
c.	Full Name (Last, First, Middle Initial) Mailing Address	Langa		Allocated Activity or Event:	
c.		State Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt	
c.	Mailing Address City	State Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
c.	Mailing Address	State Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
c.	Mailing Address City	State Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
c.	Mailing Address City Purpose of Disbursement:	State Zip Code	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
c.	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State Zip Code + NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date	
C.	Mailing Address City Purpose of Disbursement: Activity or Event Identifier:		Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date	
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal A	+ NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exemple Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal A	+ NONFEDERAL Activity This Page + NONFEDERAL	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT	
S	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE FEDERAL SHARE FEDERAL SHARE	+ NONFEDERAL Activity This Page + NONFEDERAL	Category/ Type SHARE SHARE	Allocated Activity or Event: Administrative Fundraising Exemple Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT	
S	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal AFEDERAL SHARE	+ NONFEDERAL Activity This Page + NONFEDERAL	Category/ Type SHARE SHARE d NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT	
S	Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE UBTOTAL of Allocated Federal and NonFederal AFEDERAL SHARE OTAL This Period (last page for each line only)(F	+ NONFEDERAL Activity This Page + NONFEDERAL Federal share to 21(a)(i) an	Category/ Type SHARE SHARE d NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT	

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)	PAGE 1 OF 1 FOR LINE 186 OF FORM 3X
NAME OF COMMITTEE (In Full) Southern Arizona Conservative Po	litical Action Committee	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
I I I I I I I I I I I I I I I I I I I	Land, Lond, Landard	
BREAKDOWN OF THIS TRANSFER		/
i) Voter Registration	VOTER REGISTR	ATION
Total Amount Transferred for Voter	Registration	
ii) Voter ID		OTER ID
Total Amount Transferred for Voter	ID	
iii) GOTV	1	GOTV
Total Amount Transferred for GOTV	'	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Gener	ic Campaign Activity	Lange Land
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MANN , BAB , LALLANA	
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration	VOTER REGISTR	ATION
Total Amount Transferred for Voter	Registration	
ii) Voter iD	v	OTER ID
Total Amount Transferred for Voter	ID	
iii) com/		GOTV
III) GOTV Total Amount Transferred for GOT\	,	~~~~~~~~~~~~~
hà Carada Carada Adida		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Gene	ric Qampaign Activity	
<u> </u>		
TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
TOTAL THE BALL AVAILABLE AVAILABLE		
TOTAL This Period (Voter Registration)		
TOTAL This Period (Voter/ID))) i
TOTAL This Period (GOTV)		<u> </u>
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TOTAL This Period (Generic Campaign A	ctivity)	
TOTAL This Period (Total Amount of Tran	sfers Received)	
TO THE THIS I SHOW (TOTAL AMOUNT OF THEIR	5.5.5 (1 <del>005)(704)</del> (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Larran Larran

## 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)

PAGE 1 OF 1 FOR LINE 30a OF FORM 3X

IAME OF COMMITTEE (In Full)		<u> </u>			
Southern Arizona Conservative Poli	tical Action Comm	ittee			
A. Fuil Name (Last, First, Middle Initial) / Full Org	ganization Name	Type of Allocated Activity or Event:  Voter Registration GOTV			
		Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address		Allocated Activity or Event Year-To-Date			
City State	Zip Code				
Purpose of Disbursement		Category/ Type  Date			
FEDERAL SHARE +	LEVIN SHA	/			
B. Full Name (Last, First, Middle Initial) / Full Org	ganization Name	Type of Allocated Activity or Event:			
		Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address		Allocated Activity or Event Year-To-Date			
City State	Zip Code				
		(Langua) (Langua) (Langua)			
Purpose of Disbursement		Category/ Type Date			
FEDERAL SHARE +	LÉVIN SHA	ARE = TOTAL AMOUNT			
	Laforer				
C. Full Name (Last, First, Middle Initial) / Full Or	ganization Name	Type of Allocated Activity or Event:			
		Voter Registration GOTV  Voter ID Generic Campaign			
Mailing Address		Allocated Activity or Event Year-To-Date			
City	Zip Code				
Purpose of Disbursement		Category/ Date			
FEDERAL SHARE +	LEVIN SHA	Туре			
Language of the state of the st					
SUBTOTAL of Shared Federal and Levin Activity Th		ARF = TOTAL AMOUNT			
FEDERAL SHARE T	LEVIN SHA	ARE = TOTAL AMOUNT			
TOTAL This Period (last page for each line only)(Fe	deral share to 30(a)(i) and	Levin share to 30(a)(ii))			
FEDERAL SHARE	/ FEDERAL SHARE TOTAL AMOUNT				
السيمين مسيدر مسيل	LEVIN SHA				
TOTAL This Period for the Levin Share		550 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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

#### AGGREGATION PAGE: LEVIN FUNDS

	NAME OF COMMITTEE (In Full)				
	thern Arizona Conservative Pol	itical Action Committee			
NAME	E OF ACCOUNT N/A				
		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				
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	Linging			
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBUBSEMENTS				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				

	PAGE 1	OF	1
OR LINE NUMBER: check only one)	1a		]2

IT	EMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2		
	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 dommercial purposes, ather than using the næne and address of any political committee to solicit contributions from such committee.				
/	NAME OF COMMITTEE (In Full)				
	Southern Arizona Conservative Political Acti	on Committee			
A.	Full Name (Last, First, Mioule Initial) / Full Organization Nume		Date of Receipt		
<b>~.</b>	Mailing Address				
	Chi	7:a Code	Amount of Each Receipt this Period		
	City State	Zip Code			
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date		
	Occupation				
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
В.					
	Mailing Address				
	City State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer or Principal Place of Business				
	Occupation		Aggregate Year-to-Date		
	Occupation	/			
C.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
U.			A B O O O O O O O O O O O O O O O O O O		
	Mailing Address		Denote the second secon		
	City State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer or Principal Place of Business				
			Aggregate Year-to-Date		
	Occupation				
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
D.			<b>Mam</b> / <b>Dee</b> / <b>Anara</b>		
	Mailing Address				
	City State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer or Principal Place of Business				
	Occupation		Aggregate Year-to-Date		
	Cooupation				
S	SUBTOTAL of Receipts This Page (optional)				
┢					
, ,	OTAL This Period (last page this line number only)				

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## SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBI	ER:	PAG	E_	_1	<u>OF</u>	_1_
(check only one)		ì	_		Γ	٦_
	⊢	4a	_	4c	ᆫ	]5
		4b	li	4d		

			+U+U
	y information copied from such Reports and Statements may not for commercial purposes, other than using the name and address		
	NAME OF COMMITTEE (In Full)		
	Southern Arizona Conservative Political Act	tion Committee	
	Full Name (Last, First, Madle Initial) / Futi Organization Inama		Date of Dichards
٧.			Date of Disbursement
,	Mailing Address		
,	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
_	Full Name (Last, First, Middle Initial) / Full Organization Name		
3.	-		Date of Disbursement
1	Mailing Address		Total / Province
(	City State 2	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<del></del>	
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Diskusses
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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Offic	Date of Receipt e
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	3/25/14 DATE PREPARED
(8/2013)	