

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

CONSERVATIVE MAJORITY FUND

ADDRESS (number and street)

2776 S ARLINGTON MILL DR #806

Check if different  
than previously  
reported. (ACC)

ATTN: SCOTT B MACKENZIE

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00524454

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

04

01

2018

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

30

2018

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

MACKENZIE, SCOTT B, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MACKENZIE, SCOTT B, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

12

2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">43517.15</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">51114.34</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">71969.57</span>	<span style="border: 1px solid black; padding: 2px;">165848.55</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">123083.91</span>	<span style="border: 1px solid black; padding: 2px;">209365.70</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">94900.90</span>	<span style="border: 1px solid black; padding: 2px;">181182.69</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">28183.01</span>	<span style="border: 1px solid black; padding: 2px;">28183.01</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">29883.22</span>	



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. 05/2016)

Page 3

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

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).....	10112.00	11837.00
(ii) Unitemized .....	61857.57	154011.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	71969.57	165848.55
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	71969.57	165848.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	71969.57	165848.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	71969.57	165848.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	29985.18	59872.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	29985.18	59872.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E) .....	62415.72	75650.54
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	43159.56
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	94900.90	181182.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94900.90	181182.69

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	71969.57	165848.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71969.57	165848.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	29985.18	59872.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	29985.18	59872.59

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ARCHER 774, LYNNE, , MS,**

Mailing Address 20 SAINT PETERS WALK

City  
SUGAR LAND

State  
TX

Zip Code  
77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ARCHER KIA/VOLKSWAGEN

Occupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

Transaction ID : SA11AI.8744

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BARTOL 801, PAMELA B, , MS,**

Mailing Address 15851 BRIDLE RIDGE DR

City  
MONUMENT

State  
CO

Zip Code  
80132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A LADY OF INDEPENDENCE NEED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2018

Transaction ID : SA11AI.8796

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BEASON 773, JOHN W, , MR,**

Mailing Address 1440 BRAZOS DR APT 159

City  
HUNTSVILLE

State  
TX

Zip Code  
77320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

Transaction ID : SA11AI.8809

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 7 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BEASON 773, JOHN W, , MR,**

Mailing Address 1440 BRAZOS DR APT 159

City  
HUNTSVILLE

State  
TX

Zip Code  
77320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2018

Transaction ID : SA11AI.8808

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERRY 112, YVONNE R, , MS,**

Mailing Address 1019 VAN SICLEN AVE  
APT 5J

City  
BROOKLYN

State  
NY

Zip Code  
11207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2018

Transaction ID : SA11AI.8847

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOATSWAIN 112, VALARIE J, , MS,**

Mailing Address 1020 SCHENCK AVE

City  
BROOKLYN

State  
NY

Zip Code  
11207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2018

Transaction ID : SA11AI.8875

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 8 OF 40  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CASWELL 600, MARGARET G, , MS,**

Mailing Address 160 SHERIDAN RD

City  
KENILWORTH

State  
IL

Zip Code  
60043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PERSONAL INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2018

Transaction ID : SA11AI.9037

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CRAIG 641, HOWARD, , MR,**

Mailing Address 1611 ORLEANS CIR  
APT 1D

City  
KANSAS CITY

State  
MO

Zip Code  
64116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALPHA POINT ASSOC OF THE BLIND

Occupation (for Individual)  
LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2018

Transaction ID : SA11AI.9123

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DELATORRE 770, CECI, , MS,**

Mailing Address 1200 MISSOURI ST

City  
HOUSTON

State  
TX

Zip Code  
77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2018

Transaction ID : SA11AI.9178

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00



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

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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DELLE 371, STEVEN D, , ,**

Mailing Address 408 NESBITT LN

City  
MADISON

State  
TN

Zip Code  
37115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
SURVEYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2018

Transaction ID : SA11AI.9181

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DURDEN 315, CLARK, , MR,**

Mailing Address 410 ROSE LN

City  
DOUGLAS

State  
GA

Zip Code  
31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2018

Transaction ID : SA11AI.9246

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FARISS 550, LAUREN, , MS,**

Mailing Address 10280 KISMET LN N

City  
STILLWATER

State  
MN

Zip Code  
55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2018

Transaction ID : SA11AI.9331

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

350.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FLEMING 770, SHARON, , MRS,**

Mailing Address 11826 CHASE LAKE DR

City  
HOUSTON

State  
TX

Zip Code  
77077

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JEOPHYSICA INSIGHTS

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : SA11AI.9369**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GARVER 783, MELODY T, , MS,**

Mailing Address 2882 COUNTY RD 14D

City  
BISHOP

State  
TX

Zip Code  
78343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MGS PIZZA

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2018

**Transaction ID : SA11AI.9458**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GAVIN 334, NORMAN, , MR,**

Mailing Address 364 EAGLE DR

City  
JUPITER

State  
FL

Zip Code  
33477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : SA11AI.9465**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

650.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GRIFFITH 330, BARBARA, , MS,**

Mailing Address 1178 GRANT ST

City  
HOLLYWOOD

State  
FL

Zip Code  
33019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2018

Transaction ID : SA11AI.9522

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAYES 299, FORREST D, , MR,**

Mailing Address 56 WEXFORD ON THE GRN

City

HILTON HEAD ISLAND

State  
SC

Zip Code  
29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2018

Transaction ID : SA11AI.9600

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HERR 170, PAUL N, , MR,**

Mailing Address 48 ROBIN RD

City

HERSHEY

State  
PA

Zip Code  
17033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

Transaction ID : SA11AI.9644

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 12 OF 40  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HERZOG 949, MARILYN R, , MRS,**

Mailing Address 7689 LAKEVILLE HWY

City  
PETALUMA

State  
CA

Zip Code  
94954

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2018

Transaction ID : SA11AI.9651

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOFSTRA 660, JOYCE E, , MS,**

Mailing Address 23805 NALL RD

City  
LOUISBURG

State  
KS

Zip Code  
66053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2018

Transaction ID : SA11AI.9673

Amount of Each Receipt this Period

107.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIILUNEN 481, JOHN PETER, , MR,**

Mailing Address 12500 GRAND RIVER RD

City  
BRIGHTON

State  
MI

Zip Code  
48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2018

Transaction ID : SA11AI.9818

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

507.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 40  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KUBALL 491, VIRGINIA L, , MS,**Mailing Address 3017 JOHNSON RD  
LOT 4City  
STEVENSVILLEState  
MIZip Code  
49127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
05	23	2018

Transaction ID : SA11AI.9863

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LABROSSA 853, JANACE, , ,**

Mailing Address 51802 US HW 60

City  
WICKENBURGState  
AZZip Code  
85390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RV PARKOccupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
04	03	2018

Transaction ID : SA11AI.9867

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LABROSSA 853, JANACE, , ,**

Mailing Address 51802 US HW 60

City  
WICKENBURGState  
AZZip Code  
85390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RV PARKOccupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
05	11	2018

Transaction ID : SA11AI.9868

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

250.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 40  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LAUQUAN 114, AVIS, , MS,**

Mailing Address 10151 106TH ST

City

OZONE PARK

State

NY

Zip Code

11416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2018

Transaction ID : SA11AI.9885

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LESSIG 212, RICHARD B, , MR,**

Mailing Address 13 ADMIRAL BLVD

City

BALTIMORE

State

MD

Zip Code

21222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2018

Transaction ID : SA11AI.9919

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATTHEWS 804, DEBORAH, , MS,**

Mailing Address PO BOX 26

City

IDLEDALE

State

CO

Zip Code

80453

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2018

Transaction ID : SA11AI.10037

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 40  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MAXIMOVICH 442, FRANCIS J., MR,**

Mailing Address 1832 SACKETT AVE

City  
CUYAHOGA FALLS

State  
OH

Zip Code  
44223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2018

Transaction ID : SA11Al.10040

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCINTOSH 988, ANITA, , MRS,**

Mailing Address 10187 HARRIS RD NE

City  
MOSES LAKE

State  
WA

Zip Code  
98837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2018

Transaction ID : SA11Al.10081

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MIRAMONTES 919, ALFRED, , MR,**

Mailing Address 3917 AVENIDA PALO VERDE

City  
BONITA

State  
CA

Zip Code  
91902

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A K ENTERPRISES

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2018

Transaction ID : SA11Al.10167

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

305.00

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

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

FOR LINE NUMBER: PAGE 16 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOORMAN 704, WILLIAM E, , MR, JR**

Mailing Address 5 HUCKLEBERRY ST

City  
PONCHATOULA

State  
LA

Zip Code  
70454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2018

Transaction ID : SA11AI.10192

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NOWELL 018, WINFORD T, , MR,**

Mailing Address 8 ROLLINS ST

City  
GROVELAND

State  
MA

Zip Code  
01834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2018

Transaction ID : SA11AI.10279

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OLESON 522, ELIZABETH, , MRS,**

Mailing Address 807 4TH ST

City  
KALONA

State  
IA

Zip Code  
52247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MANFIELD FOUNDATION

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2018

Transaction ID : SA11AI.10299

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

600.00



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

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

FOR LINE NUMBER: PAGE 17 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PILON 038, KATHLEEN, , MS,**

Mailing Address 1 PENINSULA DR

City  
STRATHAM

State  
NH

Zip Code  
03885

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

Transaction ID : SA11AI.10392

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REYES 208, JOSEPH A, , MR,**

Mailing Address 10712 ALLOWAY DR

City  
POTOMAC

State  
MD

Zip Code  
20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OWNER

Occupation (for Individual)  
CUTLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2018

Transaction ID : SA11AI.10494

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RITTER 070, LARRY, , MR,**

Mailing Address 66 W MY PLEASANT AVR

City  
LIVINGSTON

State  
NJ

Zip Code  
07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ISRAEL TOUR CONNECTION

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2018

Transaction ID : SA11AI.10508

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 18 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODEBAUGH 490, JAMES, , MR,**

Mailing Address PO BOX 238

3565 N MASON RD

City  
VERMONTVILLE

State  
MI

Zip Code  
49096

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2018

Transaction ID : SA11AI.10532

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROSENBERG 066, HERBERT, , MR,**

Mailing Address 87 ARDEN RD

City  
TRUMBULL

State  
CT

Zip Code  
06611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2018

Transaction ID : SA11AI.10538

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RUSSELL 820, BRYAN W, , MR,**

Mailing Address 241 LAKESHORE DR

City  
CHEYENNE

State  
WY

Zip Code  
82009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2018

Transaction ID : SA11AI.10558

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

460.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHULZ 631, WALTER M, , MR,**

Mailing Address 9557 CARNIVAL DR

City  
SAINT LOUIS

State  
MO

Zip Code  
63126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2018

Transaction ID : SA11Al.10619

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCOTT 774, CAROL L, , MS,**

Mailing Address 3127 GREENBUSCH RD

City  
KATY

State  
TX

Zip Code  
77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2018

Transaction ID : SA11Al.10630

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCOTT 774, CAROL L, , MS,**

Mailing Address 3127 GREENBUSCH RD

City  
KATY

State  
TX

Zip Code  
77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2018

Transaction ID : SA11Al.10631

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHORE 473, MARION, , MS,**

Mailing Address 3666 N MESSICK RD

City  
NEW CASTLE

State  
IN

Zip Code  
47362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SHORE & COMPANY PC

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2018

Transaction ID : SA11AI.10679

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SIMONSON 554, GERALD W, , MR,**

Mailing Address 5813 JEFF PL

City  
MINNEAPOLIS

State  
MN

Zip Code  
55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OMNETICS CONNECTOR CORP

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2018

Transaction ID : SA11AI.10697

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STEL 917, WILLIAM G, , MR,**

Mailing Address 15805 E KINGSIDE DR

City  
COVINA

State  
CA

Zip Code  
91722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PORT OF LA HARBOR DEPT

Occupation (for Individual)  
ELECTRONICS TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2018

Transaction ID : SA11AI.10776

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

425.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEL 917, WILLIAM G, , MR,**

Mailing Address 15805 E KINGSIDE DR

City  
COVINA

State  
CA

Zip Code  
91722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PORT OF LA HARBOR DEPT

Occupation (for Individual)  
ELECTRONICS TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2018

Transaction ID : SA11Al.10777

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STRAYER 430, MARY J, , MS,**

Mailing Address 13505 STATE ROUTE 347

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2018

Transaction ID : SA11Al.10801

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TAVERNETTI 891, TERRELL N, , MR,**

Mailing Address 5903 BUFF BAY ST

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2018

Transaction ID : SA11Al.10847

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TOVREA 977, OWEN, , MR,**

Mailing Address PO BOX 2457

City  
LA PINE

State  
OR

Zip Code  
97739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 5.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2018

Transaction ID : SA11Al.10906

Amount of Each Receipt this Period

- 5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TOVREA 977, OWEN, , MR,**

Mailing Address PO BOX 2457

City  
LA PINE

State  
OR

Zip Code  
97739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 10.00

Date of Receipt

MM / DD / YYYY  
06 / 05 / 2018

Transaction ID : SA11Al.10907

Amount of Each Receipt this Period

- 5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VAN LEEUWEN 907, CHERYL, , MS,**

Mailing Address 5958 LORELEI AVE

City  
LAKEWOOD

State  
CA

Zip Code  
90712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

- 25.00

Date of Receipt

MM / DD / YYYY  
05 / 29 / 2018

Transaction ID : SA11Al.10955

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

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

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

- 35.00

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

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

FOR LINE NUMBER: PAGE 23 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WALSH 074, FRANCIS J, , ,**

Mailing Address 12 CHESTNUT RIDGE RD

City  
SADDLE RIVER

State  
NJ

Zip Code  
07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NATIONAL RETAIL SYSTEMS

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2018

Transaction ID : SA11Al.11178

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WARREN 458, DONETA, , MRS,**

Mailing Address 450 YALE AVE

City  
LIMA

State  
OH

Zip Code  
45804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

- 25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2018

Transaction ID : SA11Al.11023

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WRIGHT 226, MARGARET, , MS,**

Mailing Address 347 N PIFER RD

City  
STAR TANNERY

State  
VA

Zip Code  
22654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2018

Transaction ID : SA11Al.11130

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

3075.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WRIGHT 226, MARGARET, , MS,**

Mailing Address 347 N PIFER RD

City  
STAR TANNERY

State  
VA

Zip Code  
22654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2018

Transaction ID : SA11AI.11131

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

100.00

10112.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. BAKER HOSTETLER**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11181**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BAKER HOSTETLER**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11182**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKER HOSTETLER**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11183**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: INTERCHANGE FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11184**

Amount of Each Disbursement this Period

441.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT DISCOUNT FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11188**

Amount of Each Disbursement this Period

44.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICES FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11191**

Amount of Each Disbursement this Period

428.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

914.12

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11194**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11197**

Amount of Each Disbursement this Period

181.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: INTERCHANGE FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11186**

Amount of Each Disbursement this Period

470.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

671.72

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT DISCOUNT FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11189**

Amount of Each Disbursement this Period

45.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICES FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11192**

Amount of Each Disbursement this Period

385.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11195**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

450.39

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11198**

Amount of Each Disbursement this Period

160.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: AMEX COLLECTION FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11200**

Amount of Each Disbursement this Period

7.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: INTERCHANGE FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11187**

Amount of Each Disbursement this Period

335.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	0	3	.	5	2
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT DISCOUNT FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11190**

Amount of Each Disbursement this Period

33.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: MERCHANT SERVICES FEE

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11193**

Amount of Each Disbursement this Period

373.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: USA ePAY

001

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11196**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

426.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11199**

Amount of Each Disbursement this Period

159.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITLONE BANK**

Mailing Address 2353 TOWN CENTER DR

City  
SUGARLANDState  
TXZip Code  
77478Purpose of Disbursement  
BANK FEE: AMEX COLLECTION FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11201**

Amount of Each Disbursement this Period

25.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IMAGINE IT DESIGN**

Mailing Address 1052 LYNN ROMERO DR

City  
BREAUX BRIDGEState  
LAZip Code  
70517Purpose of Disbursement  
WEBSITE & CONSULTING FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11205**

Amount of Each Disbursement this Period

1250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1435.50



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. IMAGINE IT DESIGN**

Mailing Address 1052 LYNN ROMERO DR

City  
BREAUX BRIDGEState  
LAZip Code  
70517Purpose of Disbursement  
WEBSITE & CONSULTING FEE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11206**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11207**

Amount of Each Disbursement this Period

20724.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11208**

Amount of Each Disbursement this Period

13165.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

35890.59

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11210**

Amount of Each Disbursement this Period

7760.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11211**

Amount of Each Disbursement this Period

4875.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11212**

Amount of Each Disbursement this Period

7529.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20164.89

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
PHONE BANK: VOTER CONTACT SERVICES

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11213**

Amount of Each Disbursement this Period

16871.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333Purpose of Disbursement  
LN 21b DISBURSEMENTS TRANSFERED TO LN 24

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11220**

Amount of Each Disbursement this Period

- 62415.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2018

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11214**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 42044.24
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11215**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.11216**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

29913.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. JOHN MCCANN FOR CONGRESS**

Mailing Address P.O. BOX 1010

City  
HACKENSACKState  
NJZip Code  
07602Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**MCCANN, JOHN JOSEPH MR. JR., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	1	8		

FEC Identification Number

C C00661637

**Transaction ID : SB23.11227**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

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

2500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 40

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CONSERVATIVE MAJORITY FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INFOCISION MANAGEMENT CORP**

Nature of Debt (Purpose):

**TELEMARKETING SERVICES**

Mailing Address 325 SPRINGSIDE DRIVE

City  
AKRONState  
OHZip Code  
44333

Outstanding Balance Beginning This Period

100810.18

Transaction ID : SD10.4101

Amount Incurred This Period

0.00

Payment This Period

70926.96

Outstanding Balance at Close of This Period

29883.22

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)..... ►

29883.22

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

29883.22

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

0.00

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

29883.22

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

 PAGE 38 OF 40  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00524454       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">18237.81</div>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.11221</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure PHONE BANK: VOTER CONTACT SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">18237.81</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">11585.91</div>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.11222</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure PHONE BANK: VOTER CONTACT SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">29823.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	29823.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

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

MACKENZIE, SCOTT B, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

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

 PAGE 39 OF 40  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00524454       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6828.86</div>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.11223</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure PHONE BANK: VOTER CONTACT SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">36652.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4290.14</div>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.11224</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure PHONE BANK: VOTER CONTACT SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD J, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">40942.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	11119.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not 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.

MACKENZIE, SCOTT B, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

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

 PAGE 40 OF 40  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00524454       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>325 SPRINGSIDE DRIVE</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">6626.10</div>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE.11225</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE BANK: VOTER CONTACT SERVICES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD J, ,</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">47568.82</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>325 SPRINGSIDE DRIVE</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">14846.90</div>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE.11226</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE BANK: VOTER CONTACT SERVICES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD J, ,</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">62415.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">21473.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">62415.72</div>

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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature