

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 18 2018

through

M M / D D / Y Y Y Y Y Y  
11 26 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 / D D / Y Y Y Y Y Y  
01 17 2019

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  
10 / 18 / 2018 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 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;">32008.07</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">35806.71</span>	<span style="border: 1px solid black; padding: 2px;">283899.12</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;">67814.78</span>	<span style="border: 1px solid black; padding: 2px;">327416.27</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">26163.14</span>	<span style="border: 1px solid black; padding: 2px;">285764.63</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;">41651.64</span>	<span style="border: 1px solid black; padding: 2px;">41651.64</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;">9569.00</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
1	0		1	8		2	0	1	8

To:

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

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10094.00	43886.00
(ii) Unitemized .....	25712.71	240013.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	35806.71	283899.12
(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) .....	35806.71	283899.12
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)) .....	35806.71	283899.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35806.71	283899.12

# **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 .....	7412.39	108095.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7412.39	108095.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	7500.00
24. Independent Expenditures (use Schedule E) .....	13750.75	93068.81
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	77100.77
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)) ..	26163.14	285764.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26163.14	285764.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	35806.71	283899.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35806.71	283899.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	7412.39	108095.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	7412.39	108095.05

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

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

FOR LINE NUMBER: PAGE 6 OF 43  
(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. ALSTADT 151, NANCY A, , MS,**

Mailing Address 1918 FRANKLIN PL

City  
MOON TOWNSHIP

State  
PA

Zip Code  
15108

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  
11 / 06 / 2018

**Transaction ID : SA11Al.14319**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2018

**Transaction ID : SA11Al.14333**

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

**C. BARNA 922, JOHN F, , MR,**

Mailing Address 122 HEATHER CT

City  
PALM DESERT

State  
CA

Zip Code  
92260

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  
10 / 29 / 2018

**Transaction ID : SA11Al.14357**

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)..... ►

550.00

# **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 43  
(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. BARZEY 114, STELLA, , MS,**

Mailing Address 16822 127TH AVE  
APT 13D

City  
JAMAICA

State  
NY

Zip Code  
11434

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  
10 / 23 / 2018

Transaction ID : SA11AI.14361

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. 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 ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11AI.14364

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. 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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2018

Transaction ID : SA11AI.14375

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

475.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 43

☒ 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. BIRCHMEIER 141, WILLIAM, , MR,**

Mailing Address 1477 SUNRISE LN

City  
YOUNGSTOWN

State  
NY

Zip Code  
14174

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  
10 / 22 / 2018

Transaction ID : SA11AI.14379

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. BOATES 372, MARSHALL, , MR,**

Mailing Address PO BOX 101274

City  
NASHVILLE

State  
TN

Zip Code  
37224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARSHALL RECKER SERVICE

Occupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11AI.14387

Amount of Each Receipt this Period

20.00

☐ 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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2018

Transaction ID : SA11AI.14388

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)..... ►

220.00



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

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 OF 43

☒ 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. BOLT 494, CLARENCE, , MR,**

Mailing Address 2425 W LAKEWOOD BLVD

City  
HOLLAND

State  
MI

Zip Code  
49424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
C R BOLT CO

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2018

**Transaction ID : SA11AI.14392**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. BOLT 494, CLARENCE, , MR,**

Mailing Address 2425 W LAKEWOOD BLVD

City  
HOLLAND

State  
MI

Zip Code  
49424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
C R BOLT CO

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2018

**Transaction ID : SA11AI.14391**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**C. BROWN 380, CLIFFORD A, , MR,**

Mailing Address 41 WILLIAM BLAYDES ST

City  
ATOKA

State  
TN

Zip Code  
38004

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  
11 / 05 / 2018

**Transaction ID : SA11AI.14410**

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)..... ►

230.00

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

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FOR LINE NUMBER:  
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PAGE 10 OF 43

☒ 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. BROWNING 028, ROBERT S, , MR,**

Mailing Address 309 GREENWICH AVE APT C212

City  
WARWICK

State  
RI

Zip Code  
02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DISCHARGED FROM ARMY

Occupation (for Individual)  
DISABLED VET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2018

Transaction ID : SA11AI.14417

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

**B. BUFFALOE 275, CAROLYN P, , MS,**

Mailing Address 1845 LAKE GLEN DR

City  
FUQUAY VARINA

State  
NC

Zip Code  
27526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SUMMERWINDS INC

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 23 / 2018

Transaction ID : SA11AI.14429

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. BUSALACCHI 883, JAMES R, , MR,**

Mailing Address 21 CALLE TORTUGA

City  
LA LUZ

State  
NM

Zip Code  
88337

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  
10 / 22 / 2018

Transaction ID : SA11AI.14433

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)..... ►

380.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 43  
(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. CARDENAS 785, MARY ROSE, , MS,**

Mailing Address 4 CALLE ANACUA

City  
BROWNSVILLE

State  
TX

Zip Code  
78520

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDENAS DEVELOPMENT COMPANY

Occupation (for Individual)  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2018

Transaction ID : SA11AI.14444

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. CASEY 306, BECKY G, , MS,**

Mailing Address 1761 A P ROPER RD

City  
GREENSBORO

State  
GA

Zip Code  
30642

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  
10 / 18 / 2018

Transaction ID : SA11AI.14460

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. CLARK 015, ROBERT P, , MR,**

Mailing Address 84 CODERRE RD

City  
BOYLSTON

State  
MA

Zip Code  
01505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLARK MOTT CONSTRUCTION

Occupation (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 Y  
10 / 18 / 2018

Transaction ID : SA11AI.14479

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 12 OF 43

☒ 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. COLLINS 856, WANDA, , MRS,**

Mailing Address 725 W PASEO SANTA ISABEL

City  
GREEN VALLEY

State  
AZ

Zip Code  
85622

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

11 / 07 / 2018

Transaction ID : SA11AI.14491

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. COLLINS 974, MARIE, , MS,**

Mailing Address 3087 POWDER RIVER DR

City  
EUGENE

State  
OR

Zip Code  
97408

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 ▼

305.00

Date of Receipt

11 / 16 / 2018

Transaction ID : SA11AI.14492

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. CONTI 809, JESSE D, , MR,**

Mailing Address 4781 TURQUOISE CIR

City  
COLORADO SPRINGS

State  
CO

Zip Code  
80917

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 ▼

260.00

Date of Receipt

11 / 07 / 2018

Transaction ID : SA11AI.14495

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)..... ▶

210.00

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

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

FOR LINE NUMBER: PAGE 13 OF 43

(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. COTHRAN 786, BRENDA, , MS,**

Mailing Address 132 CASA LOMA CIR

City  
GEORGETOWN

State  
TX

Zip Code  
78633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REALTOR

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  
10 / 30 / 2018

Transaction ID : SA11AI.14503

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. COTHRAN 786, BRENDA, , MS,**

Mailing Address 132 CASA LOMA CIR

City  
GEORGETOWN

State  
TX

Zip Code  
78633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REALTOR

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  
11 / 20 / 2018

Transaction ID : SA11AI.14504

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

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

**C. COURTALIS 212, DESPINA, , MS,**

Mailing Address 10139 FONTAINE DR

City  
BALTIMORE

State  
MD

Zip Code  
21234

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  
11 / 08 / 2018

Transaction ID : SA11AI.14506

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)..... ►

50.00

# **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 43  
(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. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11Al.14512

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2018

Transaction ID : SA11Al.14532

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. DUIS 491, SHIRLEY, , MS,**

Mailing Address 17 PARKWAY ST

City  
NILES

State  
MI

Zip Code  
49120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAKERUN HOURS

Occupation (for Individual)  
MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2018

Transaction ID : SA11Al.14560

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 43

☒ 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. EWASYSHYN 483, FRANK J, , MR,**

Mailing Address 5545 MURFIELD DR

City  
ROCHESTER

State  
MI

Zip Code  
48306

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.14592

Amount of Each Receipt this Period

105.00

☐ Memo Item

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

**B. FALARDEAU 015, GEORGE, , MR,**

Mailing Address 167 HUDSON ST

City  
NORTHBOROUGH

State  
MA

Zip Code  
01532

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11AI.14598

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. FASULO 334, HOLLY, , MR,**

Mailing Address 636 LAKESIDE DR

City  
NORTH PALM BEACH

State  
FL

Zip Code  
33408

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  
11 / 13 / 2018

Transaction ID : SA11AI.14602

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

230.00

# **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 16 OF 43

☒ 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. FENNELL 615, ROBERT, , MR,**

Mailing Address 1701 W BRISTOL HOLLOW RD

City  
DUNLAP

State  
IL

Zip Code  
61525

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  
10 / 24 / 2018

Transaction ID : SA11AI.14603

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. GARDNER 700, GLENN M, , MR,**

Mailing Address 3332 N WOODLAWN AVE

City  
METAIRIE

State  
LA

Zip Code  
70006

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2018

Transaction ID : SA11AI.14641

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. GREBING 637, MILDRED L, , MRS,**

Mailing Address 398 PCR 428

City  
FROHNA

State  
MO

Zip Code  
63748

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : SA11AI.14669

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

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

185.00



**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 43

(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. HAMLIN 554, EVENELLE B, , ,**
 Mailing Address 2540 KENZIE TER  
 APT 403

 City  
 MINNEAPOLIS

 State  
 MN

 Zip Code  
 55418

 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 ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2018
**Transaction ID : SA11AI.14692**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. HAMMOND 079, WILLIS B, , MR,**

Mailing Address 128 CENTER AVE

 City  
 CHATHAM

 State  
 NJ

 Zip Code  
 07928

 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  
 11 / 02 / 2018
**Transaction ID : SA11AI.14694**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. HANLEY 349, ELEANOR S, , MS,**

Mailing Address 2254 SW WATERVIEW PL

 City  
 PALM CITY

 State  
 FL

 Zip Code  
 34990

 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  
 11 / 12 / 2018
**Transaction ID : SA11AI.14699**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

240.00

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 18 OF 43

(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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2018

Transaction ID : SA11AI.14732

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. HUDSON 234, ERNEST L., MR,**

Mailing Address 821 MOULTRIE CT

City  
VIRGINIA BCH

State  
VA

Zip Code  
23455

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  
11 / 05 / 2018

Transaction ID : SA11AI.14764

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. KNOWLTON 748, MAX., MR,**

Mailing Address PO BOX 393

City  
SHAWNEE

State  
OK

Zip Code  
74802

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.14830

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: PAGE 19 OF 43

(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. KUBALL 491, VIRGINIA L, , MS,**
 Mailing Address 3017 JOHNSON RD  
 LOT 4

 City  
 STEVENSVILLE

 State  
 MI

 Zip Code  
 49127

 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 ▼

450.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2018

Transaction ID : SA11AI.14836

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2018

Transaction ID : SA11AI.14859

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. 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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2018

Transaction ID : SA11AI.14870

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 20 OF 43

(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 ▼

350.00

Date of Receipt

11 / 07 / 2018

Transaction ID : SA11AI.14932

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. 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 ▼

530.00

Date of Receipt

11 / 20 / 2018

Transaction ID : SA11AI.14933

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

**C. MAY 759, JACK B, , MR,**

Mailing Address 929 US HIGHWAY 287

City  
WOODVILLE

State  
TX

Zip Code  
75979

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

10 / 22 / 2018

Transaction ID : SA11AI.14934

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)..... ►

260.00

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

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

FOR LINE NUMBER: PAGE 21 OF 43

(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. MAY 759, JACK B, , MR,**

Mailing Address 929 US HIGHWAY 287

City  
WOODVILLE

State  
TX

Zip Code  
75979

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

11 / 21 / 2018

Transaction ID : SA11AI.14935

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. MCCRORY 360, JAMES W, , MR,**

Mailing Address 426 PARKWOOD DR

City  
PRATTVILLE

State  
AL

Zip Code  
36067

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

11 / 05 / 2018

Transaction ID : SA11AI.14945

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. MINTON 217, DAVID S, , MR,**

Mailing Address 7949 MCKAIG RD

City  
FREDERICK

State  
MD

Zip Code  
21701

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 ▼

205.00

Date of Receipt

11 / 13 / 2018

Transaction ID : SA11AI.14970

Amount of Each Receipt this Period

205.00

☐ 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 22 OF 43

(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. MOORE 432, PATRICIA A, , MRS,**

Mailing Address 5355 TARTAN LN

City  
COLUMBUS

State  
OH

Zip Code  
43235

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : SA11Al.14984

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. MOORE 439, JOANN L, , MR,**

Mailing Address 35960 OLD PIEDMONT RD

City  
FLUSHING

State  
OH

Zip Code  
43977

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2018

Transaction ID : SA11Al.14985

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. MORRIS 775, ROSE MARIE, , ,**

Mailing Address 4115 CLOVERNOOK LN

City  
SEABROOK

State  
TX

Zip Code  
77586

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  
10 / 18 / 2018

Transaction ID : SA11Al.14992

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)..... ►

185.00

# **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 43

(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. MYERS 173, ROBERT, , MR,**

Mailing Address 4184 E BERLIN RD

City  
THOMASVILLE

State  
PA

Zip Code  
17364

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HANOVER HOSPITAL

Occupation (for Individual)  
CARE GIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

Transaction ID : SA11AI.15003

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

**B. NEW 028, MICHAEL A, , MR,**

Mailing Address 18 WATERCRESS CT

City  
COVENTRY

State  
RI

Zip Code  
02816

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  
11 / 05 / 2018

Transaction ID : SA11AI.15011

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.15019

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)..... ►

255.00

# **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 43

☒ 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. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2018

**Transaction ID : SA11Al.15018**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. NOZNISKY 142, SARAH A, , MS,**

Mailing Address 54 HARDING AVE

City  
BUFFALO

State  
NY

Zip Code  
14217

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  
11 / 07 / 2018

**Transaction ID : SA11Al.15020**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. PALLADINO 103, MAURO, , MR,**

Mailing Address 593 FOSTER RD

City  
STATEN ISLAND

State  
NY

Zip Code  
10309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AD WINSTON SERVICE

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2018

**Transaction ID : SA11Al.15037**

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)..... ►

250.00



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

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

FOR LINE NUMBER: PAGE 25 OF 43

(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. PARAN 208, YVONNE G, , MS,**

Mailing Address 14017 BARDOT ST

City  
ROCKVILLE

State  
MD

Zip Code  
20853

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 07 / 2018

**Transaction ID : SA11AI.15038**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. PARKER 304, FRANK C, , MR,**

Mailing Address PO BOX 591

City  
STATESBORO

State  
GA

Zip Code  
30459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE

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  
11 / 02 / 2018

**Transaction ID : SA11AI.15041**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. PARRISH 721, MARY K, , MS,**

Mailing Address 4 SUGAR CRK CT

City  
NORTH LITTLE ROCK

State  
AR

Zip Code  
72116

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : SA11AI.15044**

Amount of Each Receipt this Period

400.00

☐ 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 26 OF 43

(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. PIETTE 491, LYSSA M, ,**

Mailing Address 5867 KRUGER RD

City  
THREE OAKS

State  
MI

Zip Code  
49128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THREE OAKS MUSEUM

Occupation (for Individual)  
BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2018

Transaction ID : SA11AI.15054

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.15056

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. PITCAIRN 190, PHYLLIS B, , MS,**

Mailing Address PO BOX 550

City  
BRYN ATHYN

State  
PA

Zip Code  
19009

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2018

Transaction ID : SA11AI.15057

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)..... ►

500.00

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

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

FOR LINE NUMBER: PAGE 27 OF 43

(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. POLZIN 017, RICHARD J, , ,**

Mailing Address 235 WILLIS RD

City  
SUDBURY

State  
MA

Zip Code  
01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REALTOR

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  
11 / 01 / 2018

**Transaction ID : SA11AI.15064**

Amount of Each Receipt this Period

250.00

☐ 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2018

**Transaction ID : SA11AI.15099**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. ROBERT 322, RICHARD, , MR,**

Mailing Address 12041 BEACH BLVD  
STE 22

City  
JACKSONVILLE

State  
FL

Zip Code  
32246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EUROPEAN STREET CAFE

Occupation (for Individual)  
SANDWICH MAKER

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  
10 / 22 / 2018

**Transaction ID : SA11AI.15115**

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)..... ►

550.00

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

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

FOR LINE NUMBER: PAGE 28 OF 43

(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. ROBERTS 169, HERBERT R, , DR, MD**

Mailing Address 135 MAIN ST

City  
WELLSBORO

State  
PA

Zip Code  
16901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 19 / 2018

Transaction ID : SA11AI.15117

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Sabo 439, Elsie M, , Ms,**

Mailing Address 66540 Warnock Saint Clairsvi R

City  
St Clairsvle

State  
OH

Zip Code  
43950

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  
11 / 16 / 2018

Transaction ID : SA11AI.15144

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. SHAW 024, ROBERT, , MR,**

Mailing Address 126 LANGDON ST

City  
NEWTON

State  
MA

Zip Code  
02458

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.15179

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)..... ►

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 29 OF 43

(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. SHIELDS 661, WILLARD, , MR,**

Mailing Address 62 S VALLEY ST

City  
KANSAS CITY

State  
KS

Zip Code  
66102

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

11 / 08 / 2018

Transaction ID : SA11AI.15184

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. 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 ▼

350.00

Date of Receipt

11 / 19 / 2018

Transaction ID : SA11AI.15187

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. SIMPSON 465, BARBARA, , MS,**

Mailing Address 52780 COUNTY ROAD 131

City  
BRISTOL

State  
IN

Zip Code  
46507

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 ▼

290.00

Date of Receipt

10 / 19 / 2018

Transaction ID : SA11AI.15195

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

220.00

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

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

FOR LINE NUMBER: PAGE 30 OF 43

(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. SIMPSON 465, BARBARA, , MS,**

Mailing Address 52780 COUNTY ROAD 131

City  
BRISTOL

State  
IN

Zip Code  
46507

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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2018

Transaction ID : SA11AI.15194

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. SMITH 975, STEPHEN E, , MR,**

Mailing Address 800 CANTRALL RD

City  
JACKSONVILLE

State  
OR

Zip Code  
97530

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 M / D D D / Y Y Y Y Y Y  
11 / 13 / 2018

Transaction ID : SA11AI.15210

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. STAUDTE 104, AGNES, , MRS,**

Mailing Address 620 REISS PL  
APT 7K

City  
BRONX

State  
NY

Zip Code  
10467

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 ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.15233

Amount of Each Receipt this Period

64.00

☐ Memo Item

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

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

294.00

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

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

FOR LINE NUMBER: PAGE 31 OF 43

(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. 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 15 / 2018

Transaction ID : SA11AI.15237

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. STEVENS 917, CHARLES, , MR,**

Mailing Address 160 FINNWOODS RD

City  
ONTARIO

State  
CA

Zip Code  
91710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VIKTRE CO

Occupation (for Individual)  
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.15240

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. STRUIKSMA 907, MARVIN J, , MR,**

Mailing Address 18360 SUMMER AVE

City  
ARTESIA

State  
CA

Zip Code  
90701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST COAST SANDS INC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : SA11AI.15250

Amount of Each Receipt this Period

245.00

☐ Memo Item

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

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

1345.00

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

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

FOR LINE NUMBER: PAGE 32 OF 43

(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. SWANSON 530, BRENDA H., MS,**

Mailing Address 147 BLUFF AVE

City  
SHEBOYGAN FALLS

State  
WI

Zip Code  
53085

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  
10 / 26 / 2018

Transaction ID : SA11AI.15252

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. THIENEMAN 471, MARILYN F., MS,**

Mailing Address 645 SKY PARK DR NE

City  
CORYDON

State  
IN

Zip Code  
47112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MADERA MINISTRIES INC

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : SA11AI.15272

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. TIMMER 786, NANCY P., MS,**

Mailing Address 249 SUNDAY CIR

City  
FREDERICKSBURG

State  
TX

Zip Code  
78624

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  
11 / 02 / 2018

Transaction ID : SA11AI.15276

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)..... ►

250.00



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

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

FOR LINE NUMBER: PAGE 33 OF 43

(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. TIRPOK 085, DOROTHY, , MS,**

Mailing Address 44 ELM ST

City  
LAMBERTVILLE

State  
NJ

Zip Code  
08530

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  
11 / 07 / 2018

Transaction ID : SA11AI.15277

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**B. TRAINA 113, ANTONIA, , DR,**

Mailing Address 5120 64TH ST

City  
WOODSIDE

State  
NY

Zip Code  
11377

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SLOAN KETTERING CANCER CTR

Occupation (for Individual)  
ONCOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2018

Transaction ID : SA11AI.15287

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. VENEZIA 115, MARY A, , MS,**

Mailing Address 46 N ROCKAWAY AVE

City  
LYNBROOK

State  
NY

Zip Code  
11563

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2018

Transaction ID : SA11AI.15306

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

185.00

# **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 34 OF 43

☒ 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. WALKER 920, CHELSEA, , ,**

Mailing Address 1818 STANTON ROAD

City  
ENCINITAS

State  
CA

Zip Code  
92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
ART THERAPIST

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  
10 / 27 / 2018

Transaction ID : SA11AI.15316

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. WALKER 920, CHELSEA, , ,**

Mailing Address 1818 STANTON ROAD

City  
ENCINITAS

State  
CA

Zip Code  
92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
ART THERAPIST

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  
11 / 03 / 2018

Transaction ID : SA11AI.15317

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. WILSON 554, MARY J, , MS,**

Mailing Address 8300 GOLDEN VALLEY RD APT 330

City  
MINNEAPOLIS

State  
MN

Zip Code  
55427

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 ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

Transaction ID : SA11AI.15355

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 35 OF 43

(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. WILSON 554, MARY J, , MS,**

Mailing Address 8300 GOLDEN VALLEY RD APT 330

City  
MINNEAPOLIS

State  
MN

Zip Code  
55427

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 ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2018

Transaction ID : SA11AI.15356

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : SA11AI.15365

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. YOUNG 077, ROSEMARIE, , MS,**

Mailing Address 14 JARED LN

City  
MANALAPAN

State  
NJ

Zip Code  
07726

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  
10 / 19 / 2018

Transaction ID : SA11AI.15372

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)..... ►

175.00

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

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

FOR LINE NUMBER: PAGE 36 OF 43  
(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. ZILINSKIS 341, THELMA N, , MS,**

Mailing Address 3121 GOLFSIDE DR

City  
NAPLES

State  
FL

Zip Code  
34110

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  
10 / 26 / 2018

Transaction ID : SA11AI.15382

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

10094.00

**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 37 OF 43

<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. ANEDOT INC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		31		2018

Mailing Address 1920 MCKINNEY AVE  
7th FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14279**

Amount of Each Disbursement this Period

89.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		26		2018

Mailing Address 1920 MCKINNEY AVE  
7th FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14280**

Amount of Each Disbursement this Period

54.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKER HOSTETLER**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		01		2018

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14266**

Amount of Each Disbursement this Period

2500.00

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

2644.12

**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 38 OF 43

<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 CHARGE

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	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14267**

Amount of Each Disbursement this Period

470.47

☐ 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: DISCOUNT CHARGE

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	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14268**

Amount of Each Disbursement this Period

46.39

☐ 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 SERVICE CHARGE

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	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14266**

Amount of Each Disbursement this Period

352.67

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

869.53

**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 39 OF 43

<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  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14270**

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 CHARGE

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
1	1	1		1	6			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14271**

Amount of Each Disbursement this Period

185.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HINES DIGITAL**

Mailing Address 6 HOLLIBEN CT

City  
SEVERNA PARKState  
MDZip Code  
21146Purpose of Disbursement  
eMAIL LIST RENTALS

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
1	0			3	1			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14281**

Amount of Each Disbursement this Period

729.99

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

935.56

**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 40 OF 43

<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. HINES DIGITAL**

Mailing Address 6 HOLLIBEN CT

City  
SEVERNA PARKState  
MDZip Code  
21146Purpose of Disbursement  
eMAIL LIST RENTALS

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
1	1	1		2	6			2	0	1	8		

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14282**

Amount of Each Disbursement this Period

444.18

☐ 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  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00524454

**Transaction ID : SB21B.14272**

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  
☐ 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).....▶

2944.18

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

7393.39



**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 41 OF 43

<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
10				31				2018					

FEC Identification Number

**C** C00661637**Transaction ID : SB23.14275**

Amount of Each Disbursement this Period

5000.00

☐ 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)..... ►

5000.00

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

5000.00

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

PAGE 42 OF 43

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

23319.75

Transaction ID : SD10.4101

Amount Incurred This Period

0.00

Payment This Period

13750.75

Outstanding Balance at Close of This Period

9569.00

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)..... ►

9569.00

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

9569.00

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) ►

9569.00

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

 PAGE 43 OF 43  
 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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D 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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">8972.94</div>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.14276</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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS		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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D 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: 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; width: 150px; text-align: right;">75056.18</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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4777.81</div>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.14278</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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS		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 M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D 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: 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; width: 150px; text-align: right;">79833.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	13750.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	13750.75

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