

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="25306.25"/>	<input type="text" value="25306.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28647.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="38267.54"/>	<input type="text" value="151655.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66914.68"/>	<input type="text" value="176961.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66133.99"/>	<input type="text" value="176180.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="780.69"/>	<input type="text" value="780.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11802.00	32422.00
(ii) Unitemized	26465.54	118849.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	38267.54	151271.76
(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)	38267.54	151271.76
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	383.43
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)).....▶	38267.54	151655.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	38267.54	151655.19

DETAILED SUMMARY PAGE
of Disbursements

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	35734.41	75580.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35734.41	75580.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	600.00	600.00
24. Independent Expenditures (use Schedule E)	29799.58	100000.00
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	0.00
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)) ..	66133.99	176180.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66133.99	176180.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	38267.54	151271.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38267.54	151271.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35734.41	75580.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35734.41	75580.75

**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 6 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALLYN 986, JAMES F, , MR,

Mailing Address 110 W MCKINLEY ST

City GOLDENDALE	State WA	Zip Code 98620
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A&A BUILDING SUPPLY CO	Occupation (for Individual) CEO
---	------------------------------------

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
07		15		2019

Transaction ID : SA11AI.9122

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ALSTADT 151, NANCY A, , MS,

Mailing Address 1918 FRANKLIN PL

City MOON TOWNSHIP	State PA	Zip Code 15108
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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 M	/	D D D	/	Y Y Y Y Y Y
08		06		2019

Transaction ID : SA11AI.9449

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2019

Transaction ID : SA11AI.8725

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 7 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. ARCHER 774, LYNNE, , MS,
Mailing Address 20 SAINT PETERS WALK

City SUGAR LAND	State TX	Zip Code 77479
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) ARCHER KIA/VOLKSWAGEN		Occupation (for Individual) AUTO DEALER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
08 / 22 / 2019
Transaction ID : SA11AI.8724

Amount of Each Receipt this Period
500.00

Memo Item

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
09 / 30 / 2019
Transaction ID : SA11AI.8726

Amount of Each Receipt this Period
100.00

Memo Item

C. ARMSTRONG 748, ARTHUR D, , ,
Mailing Address 18401 SE 149TH ST

City NEWALLA	State OK	Zip Code 74857
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 290.00

Date of Receipt
07 / 08 / 2019
Transaction ID : SA11AI.9106

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 8 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AYLESWORTH 790, JACKIE, , MR,

Mailing Address 2225 COUNTY ROAD 65

City PLAINVIEW	State TX	Zip Code 79072
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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 M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2019

Transaction ID : SA11AI.9523

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BENTLEY 522, RONALD J, , MR,

Mailing Address 108 EMMONS ST

City HIAWATHA	State IA	Zip Code 52233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BVENTLY INCORPORATED	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2019

Transaction ID : SA11AI.8680

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BIRCHMEIER 141, WILLIAM, , MR,

Mailing Address 1477 SUNRISE LN

City YOUNGSTOWN	State NY	Zip Code 14174
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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 M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2019

Transaction ID : SA11AI.9454

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: (check only one)	PAGE 9 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BOATSWAIN 112, VALARIE J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 SCHENCK AVE

City BROOKLYN	State NY	Zip Code 11207
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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 M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : SA11AI.9469

Amount of Each Receipt this Period
100.00

Memo Item

B. BRINSTER 586, LESLIE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12849 49TH ST SW

City BELFIELD	State ND	Zip Code 58622
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : SA11AI.8723

Amount of Each Receipt this Period
100.00

Memo Item

C. BROWNING 028, ROBERT S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 GREENWICH AVE APT C212

City WARWICK	State RI	Zip Code 02886
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DISCHARGED FROM ARMY	Occupation (for Individual) DISABLED VET
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2019

Transaction ID : SA11AI.9551

Amount of Each Receipt this Period
505.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	705.00
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 10 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. BROWNING 028, ROBERT S, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2015.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2019
Transaction ID : SA11AI.9566
 Amount of Each Receipt this Period
 505.00
 Memo Item

B. BURT 982, DONALD R, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 SCHOOL RD
 City LOPEZ ISLAND State WA Zip Code 98261
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2019
Transaction ID : SA11AI.9114
 Amount of Each Receipt this Period
 115.00
 Memo Item

C. BURTON 351, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 WEATHERLY WAY
 City PELHAM State AL Zip Code 35124
 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 ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2019
Transaction ID : SA11AI.9664
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	670.00
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: (check only one)	PAGE 11 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. CASEY 306, BECKY G, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2019

Transaction ID : SA11AI.9643

Amount of Each Receipt this Period
100.00

Memo Item

B. COLLINS 974, MARIE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3087 POWDER RIVER DR

City EUGENE	State OR	Zip Code 97408
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2019

Transaction ID : SA11AI.8744

Amount of Each Receipt this Period
100.00

Memo Item

C. DAVIS 325, JANIS A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5084 MANDAVILLA BLVD

City GULF BREEZE	State FL	Zip Code 32563
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INTERIOR DESIGNER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

Transaction ID : SA11AI.9045

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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: (check only one)	PAGE 12 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. DELLE 371, STEVEN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 450.00

Date of Receipt 08 / 05 / 2019
Transaction ID : SA11AI.8862
 Amount of Each Receipt this Period 150.00
 Memo Item

B. DELLE 371, STEVEN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 NESBITT LN
 City MADISON State TN Zip Code 37115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SURVEYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2019
Transaction ID : SA11AI.8863
 Amount of Each Receipt this Period - 150.00
 Memo Item

C. DONAT 566, RANDEE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 26TH AVE NW
 City BAUDETTE State MN Zip Code 56623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAYVIEW LODGE Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 06 / 2019
Transaction ID : SA11AI.9213
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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: (check only one)	PAGE 13 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. DUBUQUE 070, NANCY, , MS,
Mailing Address 32 WEAVER AVE

City BLOOMFIELD	State NJ	Zip Code 07003
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
09 / 12 / 2019
Transaction ID : SA11AI.9543

Amount of Each Receipt this Period
50.00

Memo Item

B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
08 / 05 / 2019
Transaction ID : SA11AI.9569

Amount of Each Receipt this Period
100.00

Memo Item

C. DUNN 810, ELSIE R, , MS,
Mailing Address 3100 DAWNS LN

City LAMAR	State CO	Zip Code 81052
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
09 / 30 / 2019
Transaction ID : SA11AI.8978

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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: (check only one)	PAGE 14 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. FASULO 334, HOLLY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2019

Transaction ID : SA11AI.9131

Amount of Each Receipt this Period
75.00

Memo Item

B. FENNELL 777, JAMES S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6960 KILLARNEY DR

City BEAUMONT	State TX	Zip Code 77706
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2019

Transaction ID : SA11AI.9042

Amount of Each Receipt this Period
100.00

Memo Item

C. FLANAGAN 104, GLENNA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2757 SCHURZ AVE

City BRONX	State NY	Zip Code 10465
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2019

Transaction ID : SA11AI.9184

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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: (check only one)	PAGE 15 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. FLORES 790, JOE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 147

City STRATFORD	State TX	Zip Code 79084
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2019
Transaction ID : SA11AI.9240

Amount of Each Receipt this Period
 100.00

Memo Item

B. FRAHM 321, DONALD R, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 AVENUE DE LA MER APT 1006

City PALM COAST	State FL	Zip Code 32137
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2019
Transaction ID : SA11AI.9695

Amount of Each Receipt this Period
 115.00

Memo Item

C. FRUIT 531, YVONNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 WOODFIELD CIR

City WAUKESHA	State WI	Zip Code 53188
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2019
Transaction ID : SA11AI.9294

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
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: (check only one)	PAGE 16 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. FRUIT 531, YVONNE, , MS,
Mailing Address 2309 WOODFIELD CIR

City WAUKESHA	State WI	Zip Code 53188
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Date of Receipt
MM / DD / YYYY
09 / 20 / 2019
Transaction ID : SA11AI.8817

Amount of Each Receipt this Period
55.00

Memo Item

B. GAVIN 334, NORMAN, , MR,
Mailing Address 364 EAGLE DR

City JUPITER	State FL	Zip Code 33477
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Date of Receipt
MM / DD / YYYY
07 / 08 / 2019
Transaction ID : SA11AI.8661

Amount of Each Receipt this Period
150.00

Memo Item

C. HARRIS-GILLHAM 740, LACINDA, , MS,
Mailing Address 141 SPUNKY CREEK DR

City CATOOSA	State OK	Zip Code 74015
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

Date of Receipt
MM / DD / YYYY
07 / 03 / 2019
Transaction ID : SA11AI.9320

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	405.00
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: (check only one)	PAGE 17 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. HARRIS-GILLHAM 740, LACINDA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 SPUNKY CREEK DR
 City CATOOSA State OK Zip Code 74015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **10 / 03 / 2019**
Transaction ID : SA11AI.9347
 Amount of Each Receipt this Period 200.00
 Memo Item

B. HAUS 583, CATHERINE M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 RAMSEY ST
 City CALIO State ND Zip Code 58352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 07 / 2019**
Transaction ID : SA11AI.9379
 Amount of Each Receipt this Period 50.00
 Memo Item

C. HEBBLE 193, PETER W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 WHITFORD HILLS RD
 City DOWNINGTOWN State PA Zip Code 19335
 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 **09 / 19 / 2019**
Transaction ID : SA11AI.9189
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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: (check only one)	PAGE 18 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. HEMANN 662, MARY LOU, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4508 W 139TH ST

City OVERLAND PARK	State KS	Zip Code 66224
-----------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
07		10		2019

Transaction ID : SA11AI.9662

Amount of Each Receipt this Period
100.00

Memo Item

B. HERZOG 949, MARILYN R, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7689 LAKEVILLE HWY

City PETALUMA	State CA	Zip Code 94954
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

Transaction ID : SA11AI.8736

Amount of Each Receipt this Period
100.00

Memo Item

C. HOLTZ 331, ABEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9999 COLLINS AVE
PH 3B

City BAL HARBOUR	State FL	Zip Code 33154
---------------------	-------------	-------------------

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
07		01		2019

Transaction ID : SA11AI.9693

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 19 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. HOLTZ 331, ABEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9999 COLLINS AVE
PH 3B

City BAL HARBOUR State FL Zip Code 33154

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
09 / 09 / 2019
Transaction ID : SA11AI.9691

Amount of Each Receipt this Period
200.00

Memo Item

B. HOLTZ 331, ABEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9999 COLLINS AVE
PH 3B

City BAL HARBOUR State FL Zip Code 33154

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 ▼
700.00

Date of Receipt
09 / 30 / 2019
Transaction ID : SA11AI.9692

Amount of Each Receipt this Period
100.00

Memo Item

C. JANSEN 630, CHERYL D, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 SHERWOOD DR

City WASHINGTON State MO Zip Code 63090

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
07 / 24 / 2019
Transaction ID : SA11AI.8938

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. KLAHN 970, LAURIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33727 SE LUSTED RD
 City GRESHAM State OR Zip Code 97080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROGER KLAHN INC Occupation (for Individual) SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 25 / 2019**
Transaction ID : SA11AI.9164
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KUBALL 491, VIRGINIA L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 300.00

Date of Receipt **08 / 01 / 2019**
Transaction ID : SA11AI.9611
 Amount of Each Receipt this Period 50.00
 Memo Item

C. KUBALL 491, VIRGINIA L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 350.00

Date of Receipt **09 / 18 / 2019**
Transaction ID : SA11AI.9609
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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: (check only one)	PAGE 21 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. LAUQUAN 114, AVIS, , MS,
Mailing Address 10151 106TH ST

City OZONE PARK	State NY	Zip Code 11416
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00

Date of Receipt
08 / 15 / 2019
Transaction ID : SA11AI.9462

Amount of Each Receipt this Period
100.00

Memo Item

B. LESSIG 212, RICHARD B, , MR,
Mailing Address 13 ADMIRAL BLVD

City BALTIMORE	State MD	Zip Code 21222
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 16 / 2019
Transaction ID : SA11AI.8849

Amount of Each Receipt this Period
100.00

Memo Item

C. MADERA 781, LELA, , MS,
Mailing Address 187 GEORGE STRAIT

City CANYON LAKE	State TX	Zip Code 78133
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 525.00

Date of Receipt
07 / 08 / 2019
Transaction ID : SA11AI.8813

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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: (check only one)	PAGE 22 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MATHIOWETZ 560, MARY LOU, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30817 COUNTY ROAD 24

City SLEEPY EYE	State MN	Zip Code 56085
--------------------	-------------	-------------------

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 ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2019

Transaction ID : SA11AI.8734

Amount of Each Receipt this Period
57.00

Memo Item

B. MEULEMAN 833, MICHAEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 B ST

City RUPERT	State ID	Zip Code 83350
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

Transaction ID : SA11AI.9372

Amount of Each Receipt this Period
100.00

Memo Item

C. MILLER 465, MARY LOUISE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 STONE CAMP TRL

City WINONA LAKE	State IN	Zip Code 46590
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DANE & MARY LOUISE MILLER FOUNDATION	Occupation (for Individual) PHILANTHROPIST
---	---

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
09		02		2019

Transaction ID : SA11AI.9575

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	357.00
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: (check only one)	PAGE 23 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MILLS 677, JANETTA, , MS,
Mailing Address PO BOX 983

City HOXIE	State KS	Zip Code 67740
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 09 / 2019
Transaction ID : SA11AI.9254

Amount of Each Receipt this Period
400.00

Memo Item

B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00

Date of Receipt
09 / 11 / 2019
Transaction ID : SA11AI.9393

Amount of Each Receipt this Period
210.00

Memo Item

C. MULHALL 985, JOHN J, , MR,
Mailing Address 5222 25TH LN NW

City OLYMPIA	State WA	Zip Code 98502
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 02 / 2019
Transaction ID : SA11AI.9027

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
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 24 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MULHALL 985, JOHN J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5222 25TH LN NW
 City OLYMPIA State WA Zip Code 98502
 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 09 / 06 / 2019
Transaction ID : SA11AI.9026
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MUNROE 015, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 MAPLE ST
 City UPTON State MA Zip Code 01568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAVIUM Occupation (for Individual) CUSTOMER SERVICE REPRESEN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2019
Transaction ID : SA11AI.9555
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MURPHREY 278, DIANE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3987 MOYE TURNAGE RD
 City FARMVILLE State NC Zip Code 27828
 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 09 / 25 / 2019
Transaction ID : SA11AI.9478
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 25 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. NATION 760, DAVID I, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1404 BRIARWOOD BLVD

City ARLINGTON	State TX	Zip Code 76013
-------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		04		2019

Transaction ID : SA11AI.9101

Amount of Each Receipt this Period
300.00

Memo Item

B. NOZNISKY 142, SARAH A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 M	/	D D D	/	Y Y Y Y Y Y
07		04		2019

Transaction ID : SA11AI.8788

Amount of Each Receipt this Period
50.00

Memo Item

C. ORR 980, MONT H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 TIMBER RIDGE WAY NW
UNIT 7201

City ISSAQUAH	State WA	Zip Code 98027
------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : SA11AI.9317

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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: (check only one)	PAGE 26 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. PANEBIANCO 112, SHIRLEY, , MS,
Mailing Address 8832 7TH AVE

City BROOKLYN	State NY	Zip Code 11228
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2019

Transaction ID : SA11AI.9467

Amount of Each Receipt this Period
100.00

Memo Item

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2019

Transaction ID : SA11AI.9663

Amount of Each Receipt this Period
100.00

Memo Item

C. PERKINS 836, EDWIN R, , MR,
Mailing Address 358 E TRAILSIDE DR

City EAGLE	State ID	Zip Code 83616
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) NOT EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2019

Transaction ID : SA11AI.9267

Amount of Each Receipt this Period
50.00

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: (check only one)	PAGE 27 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. PHARIS 341, JODI, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6769 STONEGATE DR

City NAPLES	State FL	Zip Code 34109
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TUTELA INC	Occupation (for Individual) SECRETARY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2019

Transaction ID : SA11AI.9681

Amount of Each Receipt this Period
100.00

Memo Item

B. PIETTE 491, LYSSA M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2019

Transaction ID : SA11AI.9583

Amount of Each Receipt this Period
100.00

Memo Item

C. PILON 038, KATHLEEN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 PENINSULA DR

City STRATHAM	State NH	Zip Code 03885
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2019

Transaction ID : SA11AI.9547

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 28 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. REEVES 308, JOHN, , MR,		Date of Receipt
Mailing Address 4206 RIVERSIDE DR		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2019"/>
City EVANS	State GA	Zip Code 30809
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9638
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="text" value="300.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. REYES 208, JOSEPH A, , MR,		Date of Receipt
Mailing Address 10712 ALLOWAY DR		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2019"/>
City POTOMAC	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9492
Name of Employer (for Individual) OWNER		Occupation (for Individual) CUTLER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="text" value="750.00"/>		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RITTER 070, LARRY, , MR,		Date of Receipt
Mailing Address 66 W MY PLEASANT AVR		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City LIVINGSTON	State NJ	Zip Code 07039
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9542
Name of Employer (for Individual) ISRAEL TOUR CONNECTION		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
<input type="text" value="300.00"/>		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 29 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. ROBSON 191, JAMES F, , MR,
Mailing Address PO BOX 21901

City PHILADELPHIA	State PA	Zip Code 19124
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2019

Transaction ID : SA11AI.9039

Amount of Each Receipt this Period
250.00

Memo Item

B. SAHDALA 330, ROBERT M, , MR,
Mailing Address 9521 JOHNSON ST

City HOLLYWOOD	State FL	Zip Code 33024
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2019

Transaction ID : SA11AI.8831

Amount of Each Receipt this Period
35.00

Memo Item

C. SAHDALA 330, ROBERT M, , MR,
Mailing Address 9521 JOHNSON ST

City HOLLYWOOD	State FL	Zip Code 33024
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 370.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2019

Transaction ID : SA11AI.8832

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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: (check only one)	PAGE 30 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SCHULZ 631, WALTER M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9557 CARNIVAL DR

City SAINT LOUIS	State MO	Zip Code 63126
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : SA11AI.8818

Amount of Each Receipt this Period
100.00

Memo Item

B. SHAND 292, JULIAN B, , MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1141 EASTMINSTER DR

City COLUMBIA	State SC	Zip Code 29204
------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

Transaction ID : SA11AI.9077

Amount of Each Receipt this Period
25.00

Memo Item

C. SHIELDS 661, WILLARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2019

Transaction ID : SA11AI.9441

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 31 OF 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SHORE 473, MARION, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 375.00

Date of Receipt 09 / 18 / 2019
Transaction ID : SA11AI.8648
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SIMONSON 554, GERALD W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5813 JEFF PL
 City MINNEAPOLIS State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMNETICS CONNECTOR CORP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2019
Transaction ID : SA11AI.9142
 Amount of Each Receipt this Period 100.00
 Memo Item

C. SIMONSON 554, GERALD W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5813 JEFF PL
 City MINNEAPOLIS State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OMNETICS CONNECTOR CORP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 09 / 2019
Transaction ID : SA11AI.9143
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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: (check only one)	PAGE 32 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SKINNER 386, RALPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6201 COUNTY ROAD 700

City BLUE MOUNTAIN	State MS	Zip Code 38610
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALESMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : SA11AI.8826

Amount of Each Receipt this Period
100.00

Memo Item

B. SMITH 281, MICHAEL S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 CLEGHORN MILL RD

City RUTHERFORDTON	State NC	Zip Code 28139
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REST HOME OPERATOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period
75.00

Memo Item

C. SMITH 891, RT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 SHETLAND RD

City LAS VEGAS	State NV	Zip Code 89107
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2019

Transaction ID : SA11AI.9238

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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: (check only one)	PAGE 33 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. SNUGGS 280, KATHERINE C, , MS,
Mailing Address 804 N 6TH ST

City ALBEMARLE	State NC	Zip Code 28001
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt
08 / 20 / 2019
Transaction ID : SA11AI.8882

Amount of Each Receipt this Period
45.00

Memo Item

B. STAGLIANO 194, ANTHONY, , MR,
Mailing Address 401 PLYMOUTH RD

City PLYMOUTH MEETING	State PA	Zip Code 19462
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CPIZ CEE BIZ		Occupation (for Individual) CPA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
07 / 15 / 2019
Transaction ID : SA11AI.9401

Amount of Each Receipt this Period
100.00

Memo Item

C. SUPPLE 922, ROZENE R, , MRS,
Mailing Address 1850 SMOKE TREE LN

City PALM SPRINGS	State CA	Zip Code 92264
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) R & R BROADCASTING		Occupation (for Individual) MEDIA EMPLOYEE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
08 / 16 / 2019
Transaction ID : SA11AI.8866

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1145.00
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: (check only one)	PAGE 34 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. TIMMER 786, NANCY P, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2019

Transaction ID : SA11AI.8654

Amount of Each Receipt this Period
100.00

Memo Item

B. TIRPOK 085, DOROTHY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2019

Transaction ID : SA11AI.9540

Amount of Each Receipt this Period
75.00

Memo Item

C. TULLY 890, ZENAIDA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 823 CHERRY DR

City HENDERSON	State NV	Zip Code 89002
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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 M	/	D D D	/	Y Y Y Y Y Y
10		03		2019

Transaction ID : SA11AI.8814

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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: (check only one)	PAGE 35 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. UMBERGER 253, CHERYL, , MS,
Mailing Address 1617 BERKSHIRE PL

City CHARLESTON	State WV	Zip Code 25314
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CHARLESTON AREA MEDICAL CTR		Occupation (for Individual) MEDICAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt
09 / 02 / 2019
Transaction ID : SA11AI.9481

Amount of Each Receipt this Period
75.00

Memo Item

B. WESTLAKE 208, RICHARD, , MR,
Mailing Address 7221 MILLCREST TER

City DERWOOD	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt
08 / 05 / 2019
Transaction ID : SA11AI.9491

Amount of Each Receipt this Period
50.00

Memo Item

C. WILLIAMS 781, THOMAS, , MRS,
Mailing Address PO BOX 127

City SCHERTZ	State TX	Zip Code 78154
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 15 / 2019
Transaction ID : SA11AI.9439

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 36 OF 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. WILLIAMS 781, THOMAS, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 127

City SCHERTZ	State TX	Zip Code 78154
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2019

Transaction ID : SA11AI.9438

Amount of Each Receipt this Period
50.00

Memo Item

B. WILLIAMS 917, JOHN F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2528

City CHINO	State CA	Zip Code 91708
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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 M	/	D D D	/	Y Y Y Y Y Y
08		21		2019

Transaction ID : SA11AI.9344

Amount of Each Receipt this Period
50.00

Memo Item

C. WILSON 554, MARY J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 37 OF 66
(check only one)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WOTIPKA 553, LINDA, , MS,

Mailing Address 1205 DICKENSON ST

City WAYZATA	State MN	Zip Code 55391
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) L A WOTIPKA ENTERPRISES INC	Occupation (for Individual) BUILDING INSPECTION
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		11		2019

Transaction ID : SA11AI.9622

Amount of Each Receipt this Period
100.00

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
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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
07		19		2019

Transaction ID : SA11AI.9557

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	11802.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. CAMPAIGN COMMUNICATIONS INC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2019	
Mailing Address PO BOX 290		FEC Identification Number C00524454 Transaction ID : SB21B.8598	
City ANNAPOLIS	State MD	Zip Code 21404	Amount of Each Disbursement this Period 1800.00
Purpose of Disbursement FACEBOOK ENGAGEMENT 'LIKE' ADS		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019	
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8542	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 27.79
Purpose of Disbursement BANK FEE: MERCHANT SERVICES DISCOUNT CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2019	
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8548	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 282.74
Purpose of Disbursement BANK FEE: MERCHANT SERVICES INTERCHANGE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	2110.53
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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 07 / 09 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 Transaction ID : SB21B.8552		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 20.00		
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 07 / 16 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 Transaction ID : SB21B.8561		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 184.88		
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 08 / 05 / 2019		
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00524454 Transaction ID : SB21B.8544		
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 20.10		
Purpose of Disbursement BANK FEE: MERCHANT SERVICES DISCOUNT CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>		
Candidate Name CONSERVATIVE MAJORITY FUND		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	224.98
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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 08 / 05 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8547
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 219.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 08 / 05 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8549
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES INTERCHANGE CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 183.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 08 / 07 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8553
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

422.69

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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 08 / 16 / 2019	
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8562	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 71.19
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8536	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 168.18
Purpose of Disbursement BANK FEE: INTERCHANGE CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019	
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8539	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 178.72
Purpose of Disbursement BANK FEE: MERCHANT SERVICES CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name CONSERVATIVE MAJORITY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

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

418.09

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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 09 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8543
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES DISCOUNT CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 16.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8554
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 09 / 16 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8559
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 69.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

105.76

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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 09 / 23 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8537
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: AMEX COLLECTION CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 128.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 10 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8540
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 120.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 10 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8545
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES DISCOUNT CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 14.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

264.67

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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 10 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8550
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES INTERCHANGE CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 157.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 10 / 08 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8555
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 10 / 16 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8558
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 87.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

264.76

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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 10 / 22 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 Transaction ID : SB21B.8538	
Purpose of Disbursement BANK FEE: AMEX COLLECTION CHARGE			Amount of Each Disbursement this Period 7.95	
Candidate Name CONSERVATIVE MAJORITY FUND			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 11 / 05 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 Transaction ID : SB21B.8541	
Purpose of Disbursement BANK FEE: MERCHANT SERVICES CHARGE			Amount of Each Disbursement this Period 42.42	
Candidate Name CONSERVATIVE MAJORITY FUND			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK			Date of Disbursement MM / DD / YYYY 11 / 05 / 2019	
Mailing Address 1680 CAPITAL ONE DR				
City MCLEAN	State VA	Zip Code 22102	FEC Identification Number C00524454 Transaction ID : SB21B.8546	
Purpose of Disbursement BANK FEE: MERCHANT SERVICES DISCOUNT CHARGE			Amount of Each Disbursement this Period 1.46	
Candidate Name CONSERVATIVE MAJORITY FUND			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

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

51.83

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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 11 / 05 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8551
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICES INTERCHANGE CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 14.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 11 / 07 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8557
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 11 / 18 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.8560
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 42.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	76.44
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 Page

FOR LINE NUMBER:
(check only one)

<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. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 04 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.9697
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: MERCHANT SERVICE DISCOUNT CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 25.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 09 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.9698
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CAPITALONE BANK		Date of Disbursement MM / DD / YYYY 12 / 16 / 2019
Mailing Address 1680 CAPITAL ONE DR		FEC Identification Number C00524454 Transaction ID : SB21B.9699
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 37.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	83.14
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 Page

FOR LINE NUMBER:
(check only one)

<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. GOOGLE		Date of Disbursement MM / DD / YYYY 11 / 07 / 2019
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C00524454 Transaction ID : SB21B.8615
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement GOOGLE APP EXPENSE		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement MM / DD / YYYY 11 / 07 / 2019
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C00524454 Transaction ID : SB21B.8616
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement GOOGLE APP EXPENSE		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement MM / DD / YYYY 12 / 05 / 2019
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C00524454 Transaction ID : SB21B.8612
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement GOOGLE APP EXPENSE		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 6.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

206.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. IMAGINE IT DESIGN

Mailing Address 1052 LYNN ROMERO DR

City BREAUX BIRDGE State LA Zip Code 70517

Purpose of Disbursement
WEBSITE UPDATE & MAINTENANCE

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8617

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGINE IT DESIGN

Mailing Address 1052 LYNN ROMERO DR

City BREAUX BIRDGE State LA Zip Code 70517

Purpose of Disbursement
WEBSITE UPDATE & MAINTENANCE

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8618

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 320 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8563

Amount of Each Disbursement this Period

13367.50

Memo Item

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

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

17367.50

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

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

FOR LINE NUMBER:
(check only one)

<input 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

A. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
08		28		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003

C C00524454

Transaction ID : SB21B.8564

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

7670.32

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

B. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
09		12		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003

C C00524454

Transaction ID : SB21B.8565

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

5821.92

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

C. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
09		26		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003

C C00524454

Transaction ID : SB21B.8568

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

3541.47

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

17033.71

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

A. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
10		04		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003

C C00524454

Transaction ID : SB21B.8570

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

308.18

State: District:

Memo Item

B. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
11		12		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003

C C00524454

Transaction ID : SB21B.8569

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

327.65

State: District:

Memo Item

C. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

City AKRON State OH Zip Code 44333

FEC Identification Number

Purpose of Disbursement
LN 21b DISBURSEMENTS ALLOCATED TO LN 24

003

C C00524454

Transaction ID : SB21B.9733

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

- 29799.58

State: District:

Memo Item

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

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

- 29163.75

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

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

FOR LINE NUMBER:
(check only one)

<input 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

A. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 03 / 2019

FEC Identification Number: C00524454
Transaction ID : SB21B.8619
Amount of Each Disbursement this Period: 3500.00

Memo Item

B. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 03 / 2019

FEC Identification Number: C00524454
Transaction ID : SB21B.8620
Amount of Each Disbursement this Period: 3500.00

Memo Item

C. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 03 / 2019

FEC Identification Number: C00524454
Transaction ID : SB21B.8621
Amount of Each Disbursement this Period: 3500.00

Memo Item

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

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

10500.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

A. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2019

FEC Identification Number: C00524454
Transaction ID : SB21B.8622
Amount of Each Disbursement this Period: 3500.00

Memo Item

B. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2019

FEC Identification Number: C00524454
Transaction ID : SB21B.8632
Amount of Each Disbursement this Period: 3500.00

Memo Item

C. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE (DEC PARTIAL PAYMENT)

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 04 / 2019

FEC Identification Number: C00524454
Transaction ID : SB21B.8623
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 12 / 13 / 2019
Mailing Address 2776 S ARLINGTON MILL DR #806		FEC Identification Number C00524454 Transaction ID : SB21B.9700
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE (DEC BALANCE PAYMENT)		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 12 / 28 / 2019
Mailing Address 2776 S ARLINGTON MILL DR #806		FEC Identification Number C00524454 Transaction ID : SB21B.9701
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE (JAN PARTIAL PAYMENT)		Category/ Type 001
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. PARAMOUNT COMMUNICATION		Date of Disbursement MM / DD / YYYY 07 / 08 / 2019
Mailing Address 525-K EAST MARKET ST SUITE 114		FEC Identification Number C00524454 Transaction ID : SB21B.8624
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement eMAIL COMMUNICATION SOLICITATIONS		Category/ Type 003
Candidate Name CONSERVATIVE MAJORITY FUND		Amount of Each Disbursement this Period 1658.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	4658.71
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 Page

FOR LINE NUMBER:
(check only one)

<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. PARAMOUNT COMMUNICATION

Mailing Address 525-K EAST MARKET ST
SUITE 114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
eMAIL COMMUNICATION SOLICITATIONS

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
08 / 07 / 2019

FEC Identification Number
C C00524454
Transaction ID : SB21B.8625
Amount of Each Disbursement this Period
881.33

Memo Item

Full Name (Last, First, Middle Initial)

B. PARAMOUNT COMMUNICATION

Mailing Address 525-K EAST MARKET ST
SUITE 114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
eMAIL COMMUNICATION SOLICITATIONS

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 05 / 2019

FEC Identification Number
C C00524454
Transaction ID : SB21B.8626
Amount of Each Disbursement this Period
499.70

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 16 / 2019

FEC Identification Number
C C00524454
Transaction ID : SB21B.8582
Amount of Each Disbursement this Period
22.68

Memo Item

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

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

1403.71

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

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

FOR LINE NUMBER:
(check only one)

<input 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. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8583

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8584

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8585

Amount of Each Disbursement this Period

Memo Item

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

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 Page

FOR LINE NUMBER:
(check only one)

<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. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8586

Amount of Each Disbursement this Period

22.68

Memo Item

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8587

Amount of Each Disbursement this Period

22.68

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8588

Amount of Each Disbursement this Period

22.68

Memo Item

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

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

68.04

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

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

FOR LINE NUMBER:
(check only one)

<input 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. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8589

Amount of Each Disbursement this Period

22.68

Memo Item

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8590

Amount of Each Disbursement this Period

22.68

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2019

FEC Identification Number

C00524454

Transaction ID : SB21B.8591

Amount of Each Disbursement this Period

22.68

Memo Item

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

68.04

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 Page

FOR LINE NUMBER:
(check only one)

<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. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8592

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8593

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8594

Amount of Each Disbursement this Period

Memo Item

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

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 Page

FOR LINE NUMBER:
(check only one)

<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. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8595

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8596

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. US POSTMASTER

Mailing Address 2177 W MARKET STREET

City FAIRLAWN State OH Zip Code 44333

Purpose of Disbursement
POSTAGE FORWARDING FEES

Category/
Type

Candidate Name
CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.8597

Amount of Each Disbursement this Period

Memo Item

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

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 Page

FOR LINE NUMBER:
(check only one)

<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

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

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. TEA PARTY MAJORITY FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2019

Mailing Address 2776 S ARLINGTON MILL DR #806

FEC Identification Number

C C00566174

Transaction ID : SB23.9703

Amount of Each Disbursement this Period

600.00

Memo Item

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

600.00

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

600.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 66
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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): PHONE BANK: TELEMARKETING SERVICES
Mailing Address 320 SPRINGSIDE DR			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="30444.88"/>	Transaction ID : SD10.4189	
Amount Incurred This Period <input type="text" value="592.16"/>	Payment This Period <input type="text" value="31037.04"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>	Transaction ID :	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, ,
Disbursement For: General 2020

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 320 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure PROGRAM ABANDONED
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, ,
Disbursement For: General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 01 / 22 / 2020

Signature

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

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00524454 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 07 / 2019		
Mailing Address 320 SPRINGSIDE DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 13367.50 </div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Transaction ID : SE.9709 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 24 / 2019		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought 83567.92			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 INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 07 / 2019		
Mailing Address 320 SPRINGSIDE DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 7332.79 </div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Transaction ID : SE.9727 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2019		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TRUMP, DONALD J, ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought 83567.92			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 20700.29 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> [Empty] </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> [Empty] </div>

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
01 / 22 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
Amount
5297.95
Transaction ID : SE.9728
Date of Disbursement or Obligation
09 / 12 / 2019

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
320 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
Amount
3222.74
Transaction ID : SE.9729
Date of Disbursement or Obligation
09 / 26 / 2019

(a) SUBTOTAL of Itemized Independent Expenditures 8520.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 01 / 22 / 2020

Signature

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

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 320 SPRINGSIDE DR		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.9731
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 320 SPRINGSIDE DR		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.9732
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 / /

Signature