PAGE 1 / 16

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FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	I Committee			Office Use Onl	/
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing r the lines.	, type	12FE4M5		
Keep Conservatives Ur	nited						
ADDRESS (number and street)	PO Box 97341						
Check if different than previously reported. (ACC)	Raleigh				NC	27624	]-[
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦			STATE ▲	ZIP (	CODE A
C C00499525		3. IS THIS REPORT	× NE		AN (A)	1ENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report (Q:  July 15 Quarterly Report (Q:  October 15 Quarterly Report (Q:  January 31 Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-E Report  (d) 30-Day POST-	Election Election on	Ju Primary (12P) Convention (12	n 20 (M5) n 20 (M6) I 20 (M7)	Sep	12S) in th State	Special (30S)
5. Covering Period 01	01	2016	through	03	31	2016	
I certify that I have examined this Type or Print Name of Treasurer	•	he best of my kno	wledge and be	elief it is tru	ue, correct and	d complete.	
Signature of Treasurer Bob H			[Electronically I	Filed] [	Date 04	7 07	2016
NOTE: Submission of false, errone	ous, or incomplete	information may su	bject the perso	n signing tl	his Report to th		
Office Use Only						FEC FC Rev. 12	

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Keep Conservatives United 01 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 20473.10 January 1, 2016 (b) Cash on Hand at 20473.10 Beginning of Reporting Period..... 12000.00 12000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 32473.10 32473.10 6(a) and 6(c) for Column B)..... 11690.72 11690.72 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 20782.38 20782.38 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 90500.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Need Conservances Onice	Keep	Conservatives	United
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	0011111111	001111111111111111111111111111111111111	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	12000.00	12000.00	
	0.00		
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add	12000.00	12000.00	
Lines 11(a)(i) and (ii)▶	12000.00	7 7 7 7	
(b) Political Party Committees	0.00	0.00	
(b) Political Party Committees			
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines	7	7	
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)	12000.00	12000.00	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
=			
. Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account	0.00	0.00	
(from Schedule H3)	0.00	0.00	
***************************************	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	
(c) Total Transfers (add To(a) and To(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	12000.00	12000.00	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	12000.00	12000.00	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12000.00	12000.00
4. Total Contribution Refunds (from Line 28(d))	6000.00	6000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6000.00	6000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1690.72	1690.72
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1690.72	1690.72

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

FOR LINE NUMBER: **PAGE** 6 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Keep Conservatives United Full Name (Last, First, Middle Initial) Stanley Druckenmiller Date of Receipt Mailing Address 40 West 57th Street 2016 25 City Zip Code State Transaction ID: SA11AI.4446 NY New York 10019 Amount of Each Receipt this Period FEC ID number of contributing C 12000.00 federal political committee. Memo Item Name of Employer Occupation **Duquesne Family Office** Fund Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 12000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 12000.00 SUBTOTAL of Receipts This Page (optional)..... 12000.00 TOTAL This Period (last page this line number only).....

tor each category of the boulealed Summary Page   22   23   24   25   25   25   25   25   25   25	SCHEDULE B (FEC Form 3X)	Lice congrate cohodule(s)	FOR LINE NUMBER: PAGE 7 OF				)F 16	
r 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)  Keep Conservatives United  Full Name (Last, First, Middle Initial)  Digit of Disbursement  Apac NC 27502  Purpose of Disbursement Primary General Primary General Primary General Other (specify) ▼  State: Disbursement  Cardidate Name  Category/  Category/  Category/  Category/  Category/  Category/  Memo Item  Amount of Each Disbursement this Perio  Category/  Memo Item  Amount of Each Disbursement this Perio  Category/  Category/  Memo Item  Amount of Each Disbursement this Perio  Category/  Category/  Category/  Category/  Category/  Memo Item  Amount of Each Disbursement this Perio  Category/  Memo Item  Amount of Each Disbursement this Perio  Category/  Category/  Category/  Type  Amount of Each Disbursement this Perio  Category/  Category/  Type  Amount of Each Disbursement this Perio  Category/  Type  Amount of Each Disbursement this Perio  Category/  Type  Amount of Each Disbursement this Perio  Category/ Type  Amount of Each Disbursement this Perio  Category/ Type  Memo Item  Amount of Each Disbursement this Perio  Category/ Type  Memo Item  Amount of Each Disbursement this Perio  Category/ Type  Memo Item  Amount of Each Disbursement this Perio  Category/ Type  Memo Item  Amount of Each Disbursement this Perio  Category/ Type  Memo Item  Amount of Each Disbursement this Perio  Category/ Type  Memo Item	TEMIZED DISBURSEMENTS		X 21b	22				26
NAME OF COMMITTEE (in Full)  Keep Conservatives United  Full Name (Last, First, Middle Initial)  Date of Disbursement  Digiforics, Inc.  Mailing Address 1632 Pricawood  City Apex NC 27502  Purpose of Disbursement Prication  State: Disinct:  District:  Cardidate Name  Disbursement For: President State: Disbursement  Cardidate Name  Category' Type  Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Date of Disbursement this Perio  Amount of Each Disbursement this Perio  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Cardidate Name  Category' Type  Amount of Each Disbursement this Perio  Category' Type  Memo Item  Date of Disbursement  Cardidate Name  Category' Type  Memo Item  Date of Disbursement this Perio  Amount of Each Disbursement this Perio  Category' Type  Amount of Each Disbursement  Cardidate Name  Category' Type  Amount of Each Disbursement  Amount of Each Disbursement  Cardidate Name  Date of Disbursement  Date of Disbursement this Perio  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Cardidate Name  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement in Perio  Amount of Each Disbursement in Perio  Memo Item  Date of Disbursement  Amount of Each Disbursement in Perio  Amount of Each Disbursement in Perio  Memo Item  Date of Disbursement  Amount of Each Disbursement in Perio  Amount of Each Disbursement in Perio  Memo Item  Date of Disbursement  Date								
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TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	-
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  Keep Conservatives United	ents may not be sold or used e and address of any political	by any perso	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  A. Bob Harris			Date of Disbursement
Mailing Address 3806 Lassiter Mill Rd			02 29 2016
Raleigh	tate Zip Code NC 27609		Transaction ID : SB26.4450
Purpose of Disbursement Loan Payment  Candidate Name		Category/ Type	Amount of Each Disbursement this Period 3500.00
	lent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)  3. Bob Harris  Mailing Address 3806 Lassiter Mill Rd			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code NC 27609		Transaction ID : SB26.4451  Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address  City S	tate Zip Code		
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	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)		······· <b>&gt;</b>	4000.00
			4000.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting control for commercial purposes, other than using the name and address of any political committee to solicit contributions from such control for commercial purposes, other than using the name and address of any political committee to solicit contributions from such control for commercial purposes, other than using the name and address of any political committee to solicit contributions from such control for commercial purposes of soliciting control from such control for any political committee to solicit contributions from such control from such co	FOR LINE NUMBER: PAGE 9 OF 16 (check only one)			Use separate schedule(s)	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	
NAME OF COMMITTEE (In Full)  Keep Conservatives United  Full Name (Last, First, Middle Initial)  A. Stanley Druckenmiller  Mailing Address 40 West 57th Street  City State Zip Code NY 10019  Purpose of Disbursement  Candidate Name  City State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State: Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: Disbursement Total Candidate Name  City State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  City State: District:  Full Name (Last, First, Middle Initial)  C. Category/ Type  Office Sought: District:  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name	25 26 29 30l	22 23 24 25	21b		OD OTTO LINE IN TO	
NAME OF COMMITTEE (in Full)  Keep Conservatives United  Full Name (Last, First, Middle Initial)  A. Stanley Druckenmiller  Mailing Address 40 West 57th Street  City						
As Stanley Druckenmiller  Mailing Address 40 West 57th Street  City New York NY 10019 Purpose of Disbursement Contribution Refund Condidate Name  Office Sought: Full Name (Last, First, Middle Initial) B.  Mailing Address  City State District: Full Name (Last, First, Middle Initial) Conflice Sought: District: Full Name (Last, First, Middle Initial) Conflice Sought: District: Full Name (Last, First, Middle Initial) Conflice Sought: District:  Full Name (Last, First, Middle Initial) Conflice Sought: District:  Full Name (Last, First, Middle Initial) Conflice Sought: District:  Conflice Sought: District:  Conflice Sought: District:  Conflice Sought: District: District: District:  Conflice Sought: District: District: District: District: District: District:  Conflice Sought: District: Distri				, , , , , , , , , , , , , , , , , , , ,	IMITTEE (In Full)	NAME OF COMMI
Mailing Address 40 West 57th Street  City State Zip Code New York NY 10019  Purpose of Disbursement Contribution Refund  Candidate Name  City State Zip Code Primary General Primary General Other (specify) ▼  Date of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Amount of Each Disbursement I  Category/ Type  Memo Item  Category/ Type  Memo Item  Category/ Type  Date of Disbursement I  Category/ Type  Memo Item  Amount of Each Disbursement I  Category/ Type  Date of Disbursement I  Category/ Type  Memo Item  Amount of Each Disbursement I  Category/ Type  Date of Disbursement I  Category/ Type  Amount of Each Disbursement I  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Other (specify) ▼		B (B)			· ·	_
Mailing Address 40 West 57th Street  City State Zip Code NY 10019  Purpose of Disbursement Contribution Refund  Candidate Name  Category/ Type  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Type  Office Sought: House Disbursement For: Amount of Each Disbursement to Category/ Typ					uckenmiller	A. Stanley Druc
New York Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Bull Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Date of Disbursement to:  Category/ Type  Amount of Each Disbursement to:  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement to:  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Amount of Each Disbursement to:  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Other (specify) ▼  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement to:  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Amount of Each Disbursement to:  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼		1			40 West 57th Street	Mailing Address 40
Contribution Refund  Candidate Name  Office Sought:	9	Transaction ID : SB28A.4449			5	
Office Sought:	t this Period	Amount of Each Disbursement this				
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B.      Date of Disbursement		Memo Item	1777	Primary General	Senate	Office Sought:
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Ct.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement to Date of Disbursement  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Memo Item						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement to Category/ Type  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item					r, First, Middle Initial)	•
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement to Date of Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Memo Item  Memo Item	Y	M = M / D = D / Y = Y = Y				Mailing Address
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Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement to Category/ Type  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   Other (specify)   Memo Item	t this Period	Amount of Each Disbursement this			pursement	Purpose of Disburs
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Memo Item  Memo Item  Memo Item					9	Candidate Name
Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  President Other (specify)  Mailing Address  Date of Disbursement  Amount of Each Disbursement to Mailing Address			.,,,,	Primary General	Senate	
City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General President Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement to:  Memo Item						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Memo Item					, riid, Madie Illian	,
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate Primary Other (specify)  Other (specify)						Mailing Address
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Amount of Each Disbursement to Memo Item				tate Zip Code	8	City
Candidate Name  Category/ Type  Office Sought:		_			pursement	Purpose of Disburs
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)		Amount of Each Disbursement this			Э	Candidate Name
			,,	Primary General	Senate President	
SUBTOTAL of Disbursements This Page (optional)	6000.00	6000			sbursements This Page (ontional)	SUBTOTAL of Dishu
	6000.00	6000				

LOANS

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

		Dotallog Callillary 1	490			
ME OF COMMITTEE (In Full)		Tr	Transaction ID : SC/10.4103			
eep Conservatives United						
LOAN SOURCE Eull Name /Lost	First Middle Initial		Election:			
<b>LOAN SOURCE</b> Full Name (Last, Bob Harris	riisi, iviidale initial)	Memo Item	Primary			
BOD Hallis			General			
Mailing Address			Other (specify)			
Mailing Address 3806 Lassiter Mill R	d		Other (specify)			
City Raleigh	State NC ZI	P Code 27609				
Original Amount of Loan	Cumulative Payme	ent lo Date B	alance Outstanding at Close of This Period			
3500	0.00	3500.00	0.00			
TERMS						
Date Incurred	Date		ate Secured:			
08 / 30 / 2011	Y M M / D D /	ON DEWN IND	.00 % (apr) Yes X No			
List All Endorsers or Guarantors	• • • • • • • • • • • • • • • • • • • •					
1. Full Name (Last, First, Middle I	nitial)	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	State ZIP Code	Guaranteed				
Oity	otato Zii oodo	Outstanding:	7 7 7			
2. Full Name (Last, First, Middle In	itial)	Name of Employer				
Mailing Address		Occupation				
Mailing Address		Occupation				
		Amount				
City	State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle In	itial)	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	State ZIP Code	Guaranteed				
-		Outstanding:				
4. Full Name (Last, First, Middle In	itial)	Name of Employer				
Mailing Address		Occupation				
Mailing Address		Occupation				
		Amount				
City	State ZIP Code	Guaranteed				
,		Outstanding:	7			
		1				
UBTOTALS This Period This Page (	ontional)	, Γ	0.00			
DETOTALS THIS Period This Page (	οριιοπαι)	<u>P</u>	7 7			
OTALS This Period (last page in this	s line only)	<b>&gt;</b>				
	NE O Oskadal B C	an Kara Orbert I D				
arry outstanding balance only to Li	NE 3, Schedule D, for this lir	ne. If no Schedule D, carry to	orward to appropriate line of Summary.			

**LOANS** 

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

OF 16 PAGE 11 FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage
IAME OF COMMITTEE (In Full) Keep Conservatives United	Transaction ID : SC/10.4104
Toop Sonoorvanvoo Orintoa	
LOAN SOURCE Full Name (Last, First, Middle Initial)  Bob Harris	Memo Item Election: Primary General
Mailing Address 3806 Lassiter Mill Rd	Other (specify)
City Raleigh State NC ZIP Coo	de 27609
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
3000.00	500.00 2500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	ĎEMÁNĎ 0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	
The state of the s	

**LOANS** 

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

OF 16 PAGE 12 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)  Keep Conservatives United		Transaction ID : SC/10.4189
LOAN SOURCE Full Name (Last Bob Harris		Memo Item Election:
Mailing Address 3806 Lassiter Mill	Rd	General Other (specify) ▼
City Raleigh	State <sub>NC</sub> Z	IP Code 27609
Original Amount of Loan	Cumulative Payme	ent To Date Balance Outstanding at Close of This Perio
1400	0.00	0.00 14000.00
TERMS  Date Incurred	Date	e Due Interest Rate Secured:
M 03 / 17 / 2012	Y M M / D D	ON DEMAND  0.00  % (apr)  Yes X No
List All Endorsers or Guarantors	(if any) to Loan Source	
1. Full Name (Last, First, Middle	Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page OTALS This Period (last page in the	is line only)	

**LOANS** 

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

OF 16 PAGE 13 FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full) Keep Conservatives United	Transaction ID : SC/10.4296				
LOAN SOURCE Full Name (Last, First, Middle Initial) Bob Harris  Mailing Address 3806 Lassiter Mill Rd	☐ Memo Item				
City Raleigh State NC	ZIP Code <sub>27609</sub>				
	Payment To Date Balance Outstanding at Close of This Period				
15000.00	0.00				
TERMS  Date Incurred	Date Due Interest Rate Secured:				
04 / 21 / 2014 M M / D					
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)  Name of Employer					
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					

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

PAGE 14 OF 16 FOR LINE 13 OF FORM 3X

		Detailed Suffillary	rage contains
ME OF COMMITTEE (In Full)			Transaction ID : SC/10.4352
eep Conservatives United			
<b>LOAN SOURCE</b> Full Name (Last, Fir Bob Harris	st, Middle Initial)	☐ Memo Item	Primary General
Mailing Address 3806 Lassiter Mill Rd			Other (specify) ▼
City Raleigh	State NC ZIP	Code 27609	
Original Amount of Loan	Cumulative Payment	To Date	Balance Outstanding at Close of This Period
32000.00		0.00	32000.00
TERMS  Date Incurred	Date D	Due Interest	Rate Secured:
06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M = M / D = D /	ON DEMAND	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City Si	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (opt	i		32000.00
			forward to appropriate line of Summary.

## SCHEDULE C (FEC Form 3X) LOANS

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

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FOR LINE 13 OF FORM 3X

		Detailed S	Summary Page	FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)		-	Transact	ion ID : SC/10.4377	
Keep Conservatives United					
LOAN SOURCE Full Name (Last, First, Middle Initial)  Bob Harris		Memo Item Ele	ection: Primary General		
Mailing Address 3806 Lassiter Mill Rd				Other (specify) ▼	
City Raleigh	State NC ZIP Cod	de 27609			
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period	
15000.00	,,	0.0	00	15000.00	
TERMS  Date Incurred	Date Due		Interest Rate	Secured:	
07 / 02 / 2014	M M / D D / Y	ĎEMÁNĎ	0.00	% (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source	=	_		
1. Full Name (Last, First, Middle Initial)		Name of Er	nployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding			
2. Full Name (Last, First, Middle Initial)		Name of Er	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding	ı:		
3. Full Name (Last, First, Middle Initial)		Name of Er	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding	ı:		
4. Full Name (Last, First, Middle Initial)		Name of Er	mployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding			
UBTOTALS This Period This Page (optional)	0			15000.00	
OTALS This Period (last page in this line on				7 1 7 1 7	
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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

(s) PAGE 16 OF 16 e FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage				
IAME OF COMMITTEE (In Full) Keep Conservatives United	Transaction ID : SC/10.4428				
•					
LOAN SOURCE Full Name (Last, First, Middle Initial)  Bob Harris	☐ Memo Item				
Mailing Address 3806 Lassiter Mill Rd	Other (specify)				
-	de 27609				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period				
12000.00	0.00 12000.00				
TERMS Date Incurred Date Due	Interest Rate Secured:				
	DEMAND 0.00 % (apr) Yes ⊠ No				
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					