

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Conservative America Now PAC

ADDRESS (number and street) 424 East 10th Street #3D New York NY 10009 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00553313 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 06 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Tyler Whitney

Signature of Treasurer Tyler Whitney [Electronically Filed] Date 08 / 03 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Conservative America Now PAC

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="2016"/>	<input type="text" value="51816.66"/>	<input type="text" value="51816.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46387.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18661.00"/>	<input type="text" value="106800.31"/>
(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="65048.39"/>	<input type="text" value="158616.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20433.04"/>	<input type="text" value="114001.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44615.35"/>	<input type="text" value="44615.35"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Conservative America Now PAC

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).....	6180.00	43292.16
(ii) Unitemized	12481.00	63361.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18661.00	106654.14
(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)	18661.00	106654.14
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	121.17
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	25.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18661.00	106800.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18661.00	106800.31

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	19987.78	84298.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19987.78	84298.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	425.00	24137.16
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	5546.00
(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	5546.00
29. Other Disbursements	20.26	20.26
30. Federal Election Activity (2 U.S.C. §431(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)) ..	20433.04	114001.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20433.04	114001.62

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18661.00	106654.14
34. Total Contribution Refunds (from Line 28(d))	0.00	5546.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18661.00	101108.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19987.78	84298.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	121.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19987.78	84177.03

**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 23
	<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	

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 America Now PAC

A. TIMOTHY E. DOCTER
Full Name (Last, First, Middle Initial)

Mailing Address 7778 BOCA RATON DR.

City LAS VEGAS State NV Zip Code 89113-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 13 / 2016
Transaction ID : SA11A.355629

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

EARMARKED CONTRIBUTION TO RUN SHARRON ANGLE C00613945

B. AARON TOEPFER
Full Name (Last, First, Middle Initial)

Mailing Address 2327 STADIUM BLVD

City TWIN FALLS State ID Zip Code 83301-4456

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 13 / 2016
Transaction ID : SA11A.355634

Amount of Each Receipt this Period 30.00

Memo Item CONTRIBUTION

EARMARKED CONTRIBUTION TO RUN SHARRON ANGLE C00613950

C. WALTER BAHLER
Full Name (Last, First, Middle Initial)

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON State IN Zip Code 47977-8867

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

Name of Employer RETIRED Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355558

Amount of Each Receipt this Period 25.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 155.00

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 23
(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 America Now PAC

Full Name (Last, First, Middle Initial)
A. WALTER BAHLER

Mailing Address 5927 S CREEKSIDE CT

City REMINGTON State IN Zip Code 47977-8867

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

Name of Employer RETIRED Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11A.378794

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. EM BAKWIN

Mailing Address 0433 W US HIGHWAY 20

City LA PORTE State IN Zip Code 46350-8609

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11A.355610

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. EM BAKWIN

Mailing Address 0433 W US HIGHWAY 20

City LA PORTE State IN Zip Code 46350-8609

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11A.378840

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3025.00

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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Conservative America Now PAC

A. ANNA BUSSJAEGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 336 KEMPTON RD
 City State Zip Code
 GLENDALE CA 91202-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A HOMEMAKER
 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
 06 / 30 / 2016
Transaction ID : SA11A.355454
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. ANNA BUSSJAEGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 336 KEMPTON RD
 City State Zip Code
 GLENDALE CA 91202-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A HOMEMAKER
 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
 06 / 30 / 2016
Transaction ID : SA11A.378696
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. JUDY CAUGHLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2105 SHADOW RIDGE DR.
 City State Zip Code
 ARLINGTON TX 76006-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ACCOUNTANT
 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
 06 / 30 / 2016
Transaction ID : SA11A.355499
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 23
	<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 America Now PAC

A. JUDY CAUGHLIN
Full Name (Last, First, Middle Initial)

Mailing Address 2105 SHADOW RIDGE DR.

City	State	Zip Code
ARLINGTON	TX	76006-

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

Name of Employer	Occupation
SELF-EMPLOYED	ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11A.378737

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

B. J. LEWIS COOPER JR.
Full Name (Last, First, Middle Initial)

Mailing Address 743 LOCHMOOR BLVD

City	State	Zip Code
GROSSE POINTE WOOD	MI	48236-4008

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

Name of Employer	Occupation
GREAT LAKES WINE & SPIRITS	BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11A.355528

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. J. LEWIS COOPER JR.
Full Name (Last, First, Middle Initial)

Mailing Address 743 LOCHMOOR BLVD

City	State	Zip Code
GROSSE POINTE WOOD	MI	48236-4008

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

Name of Employer	Occupation
GREAT LAKES WINE & SPIRITS	BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA11A.378765

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
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 23
(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 America Now PAC

A. TIMOTHY E. DOCTER
Full Name (Last, First, Middle Initial)
Mailing Address 7778 BOCA RATON DR.
City LAS VEGAS State NV Zip Code 89113-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355464
Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. TIMOTHY E. DOCTER
Full Name (Last, First, Middle Initial)
Mailing Address 7778 BOCA RATON DR.
City LAS VEGAS State NV Zip Code 89113-
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378705
Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. CLETA HARTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 811 NEPTUNE RD
City KISSIMMEE State FL Zip Code 34744-5828
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355542
Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 11 OF 23
(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 America Now PAC

A. CLETA HARTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 811 NEPTUNE RD
City KISSIMMEE State FL Zip Code 34744-5828
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378778
Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. BRYAN JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 4310 HILLVIEW LN
City ST. PAUL State MN Zip Code 55127-
FEC ID number of contributing federal political committee. **C**
Name of Employer INNOVATIVE TOOLS Occupation TOOL DESIGNER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355621
Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. BRYAN JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 4310 HILLVIEW LN
City ST. PAUL State MN Zip Code 55127-
FEC ID number of contributing federal political committee. **C**
Name of Employer INNOVATIVE TOOLS Occupation TOOL DESIGNER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378851
Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

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 12 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Conservative America Now PAC

Full Name (Last, First, Middle Initial)
A. MARY LEIFER

Mailing Address **84 KINGSLEY WAY**

City State Zip Code
FREEHOLD NJ 07728-1670

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2016

Transaction ID : SA11A.355444

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MARY LEIFER

Mailing Address **84 KINGSLEY WAY**

City State Zip Code
FREEHOLD NJ 07728-1670

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2016

Transaction ID : SA11A.355445

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MARY LEIFER

Mailing Address **84 KINGSLEY WAY**

City State Zip Code
FREEHOLD NJ 07728-1670

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2016

Transaction ID : SA11A.355533

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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 13 OF 23
(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 America Now PAC

Full Name (Last, First, Middle Initial)
A. MARY LEIFER

Mailing Address **84 KINGSLEY WAY**

City **FREEHOLD** State **NJ** Zip Code **07728-1670**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11A.378687

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MARY LEIFER

Mailing Address **84 KINGSLEY WAY**

City **FREEHOLD** State **NJ** Zip Code **07728-1670**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11A.378770

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CLIFFORD MARSALIS

Mailing Address **210 ARNOLD BLVD**

City **ABILENE** State **TX** Zip Code **79605-1222**

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

Name of Employer **SELF-EMPLOYED** Occupation **PROPERTY MANAGEMENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11A.355613

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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 14 OF 23
(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 America Now PAC

A. CLIFFORD MARSALIS
Full Name (Last, First, Middle Initial)
Mailing Address 210 ARNOLD BLVD
City ABILENE State TX Zip Code 79605-1222
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation PROPERTY MANAGEMENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378843
Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. JUDITH MORGAN
Full Name (Last, First, Middle Initial)
Mailing Address 6047 WOODFERN DR.
City RANCHO PALOS VERDE State CA Zip Code 90275-2263
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355573
Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. JUDITH MORGAN
Full Name (Last, First, Middle Initial)
Mailing Address 6047 WOODFERN DR.
City RANCHO PALOS VERDE State CA Zip Code 90275-2263
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378808
Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

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: PAGE 15 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Conservative America Now PAC

A. MYRA SCHLIESING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1765 EVANGELINE LN
 City ANCHORAGE State AK Zip Code 99517-1394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355503
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. MYRA SCHLIESING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1765 EVANGELINE LN
 City ANCHORAGE State AK Zip Code 99517-1394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378741
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. WILLIAM TAMBORLANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 WATERSIDE LN
 City CLINTON State CT Zip Code 06413-2142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE SCHOOL OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.355593
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

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: PAGE 16 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Conservative America Now PAC

A. WILLIAM TAMBORLANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 WATERSIDE LN
 City CLINTON State CT Zip Code 06413-2142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YALE SCHOOL OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA11A.378826
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	6180.00

**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"/> 24	<input type="checkbox"/> 25	<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 America Now PAC

Full Name (Last, First, Middle Initial)

A. AMAGI STRATEGIES

Mailing Address 424 E 10TH ST
APT 3D

City NEW YORK State NY Zip Code 10009-4288

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : SB21B.I90181

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : SB21B.I90131

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MOUNDSPRINGS STRATEGIES, INC

Mailing Address 2423 C STREET
#11

City SACRAMENTO State CA Zip Code 95816

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : SB21B.I90129

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

18000.00

**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"/> 24	<input type="checkbox"/> 25	<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 America Now PAC

Full Name (Last, First, Middle Initial)

A. MOUNDSPRINGS STRATEGIES, INC

Mailing Address 2423 C STREET
#11

City State Zip Code
SACRAMENTO CA 95816

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : **SB21B.I90130**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : **SB21B.I90332**

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 8999

City State Zip Code
SAN FRANCISCO CA 94128

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : **SB21B.I90235**

Amount of Each Disbursement this Period

199.02

Memo Item

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

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

1774.02

**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"/> 24	<input type="checkbox"/> 25	<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 America Now PAC

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : SB21B.I90236

Amount of Each Disbursement this Period

125.40

Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : SB21B.I90237

Amount of Each Disbursement this Period

88.36

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

213.76

19987.78

**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"/> 24	<input type="checkbox"/> 25	<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 America Now PAC

Full Name (Last, First, Middle Initial)

A. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM LUIS DE AMEHAZURRA

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : **SB23.I90226**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM TIMOTHY E. DOCTER

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : **SB23.I90227**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM TED M. GLEASON

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : **SB23.I90228**

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

150.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 America Now PAC

Full Name (Last, First, Middle Initial)

A. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM ALZADA KNICKBOCKER

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : **SB23.I90229**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM ALZADA KNICKBOCKER

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : **SB23.I90230**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM VELMA STEELE

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : **SB23.I90231**

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

210.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 America Now PAC

Full Name (Last, First, Middle Initial)

A. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM AARON TOEPFER

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

/ /

Transaction ID : SB23.I90232

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM DAVID WISE

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

/ /

Transaction ID : SB23.I90233

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RUN SHARRON ANGLE

Mailing Address PO BOX 17373

City RENO State NV Zip Code 89511

Purpose of Disbursement
EARMARKED CONTRIBUTION FROM GARY SNYDER

Candidate Name
SHARRON ANGLE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

/ /

Transaction ID : SB23.I90234

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Conservative America Now PAC

Full Name (Last, First, Middle Initial)

A. TRANSAXT

Mailing Address 190 MONROE AVENUE NW
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I90334**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TRANSAXT

Mailing Address 190 MONROE AVENUE NW
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB29.I90333**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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