

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HOUSE CONSERVATIVES FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		54291.48
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	54291.48									
(c) Total Receipts (from Line 19)	50538.14	50538.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104829.62	104829.62								
7. Total Disbursements (from Line 31)	46519.11	46519.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58310.51	58310.51								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	22990.81									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HOUSE CONSERVATIVES FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	11335.00	11335.00
(ii) Unitemized	39203.14	39203.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50538.14	50538.14
(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)	50538.14	50538.14
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	50538.14	50538.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50538.14	50538.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	46519.11	46519.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	46519.11	46519.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	46519.11	46519.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46519.11	46519.11

DETAILED SUMMARY PAGE
of Disbursements

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	50538.14	50538.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50538.14	50538.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46519.11	46519.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46519.11	46519.11

**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 / 18
	<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)
HOUSE CONSERVATIVES FUND

A.	Full Name (Last, First, Middle Initial) David Adams	Date of Receipt MM / DD / YYYY 01 / 20 / 2010
	Mailing Address 350 Redstone Ave W	Transaction ID: SA11AI.28318
	City State Zip Code Crestview FL 32536	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Emerald Coast Dermatology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mrs Fumie Boyce	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 4532 Intelco Loop SE Apt 190	Transaction ID: SA11AI.28042
	City State Zip Code Lacey WA 98503-5582	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) James S S Boyd	Date of Receipt MM / DD / YYYY 01 / 20 / 2010
	Mailing Address 147 Heavenly View Ln	Transaction ID: SA11AI.28388
	City State Zip Code Fancy Gap VA 24328	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation retired retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
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 / 18
(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)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial)
Mr Stephan Brady

Mailing Address 10206 Oakton Terrace Rd

City State Zip Code
Oakton VA 22124

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

Name of Employer Occupation
Dept. of Navy Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **01 / 14 / 2010**

Transaction ID: SA11AI.27553

Amount of Each Receipt this Period **325.00**

B. Full Name (Last, First, Middle Initial)
Mr John L Brandt

Mailing Address 2129 12th Ave E

City State Zip Code
Hibbing MN 55746

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 ▼ **210.00**

Date of Receipt **01 / 08 / 2010**

Transaction ID: SA11AI.27244

Amount of Each Receipt this Period **210.00**

C. Full Name (Last, First, Middle Initial)
Ms Rhoda Cobb

Mailing Address 336 E Coconut Palm Rd

City State Zip Code
Boca Raton FL 33432-7916

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 ▼ **1000.00**

Date of Receipt **01 / 08 / 2010**

Transaction ID: SA11AI.27262

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional) ► **1535.00**

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 / 18
(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)
HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)
Dr. Ralph D'Auria

Mailing Address 1452 Church St

City State Zip Code
Decatur GA 30030-1526

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Rehab Orthopaedics Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2010

Transaction ID: SA11AI.27913

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mrs Marjorie Davis

Mailing Address 6 Huckleberry Ln

City State Zip Code
Augusta ME 04330-6022

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 ▼ 1000.00

Date of Receipt 01 / 21 / 2010

Transaction ID: SA11AI.27808

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Josephine Freede

Mailing Address 316 NW 39th St

City State Zip Code
Oklahoma City OK 73118-8414

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2010

Transaction ID: SA11AI.27597

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1750.00

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 9 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial)
Mr. Marvin Goehring

Mailing Address **301 W Redwood St Apt 11**

City **Parkston** State **SD** Zip Code **57366-2253**

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 ▼ **1500.00**

Date of Receipt **01 / 26 / 2010**
Transaction ID: SA11AI.27938
 Amount of Each Receipt this Period **1500.00**

B. Full Name (Last, First, Middle Initial)
Donald Gumpertz

Mailing Address **P O Box 2450**

City **Toluca Lake** State **CA** Zip Code **91610-0450**

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 **01 / 28 / 2010**
Transaction ID: SA11AI.28434
 Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
Dr. Lawrence Hagen

Mailing Address **4998 Glenway Ave**

City **Cincinnati** State **OH** Zip Code **45238-3902**

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

Name of Employer **Self** Occupation **Dentist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 08 / 2010**
Transaction ID: SA11AI.27335
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 18
(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)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial)
Dr. Steven Hamberg

Mailing Address 890 Washington Ave Ste 130

City State Zip Code
Holland MI 49423-7731

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

Name of Employer Occupation
Michigan Medical , P.C. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 08 / 2010**

Transaction ID: SA11AI.27338

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
Dr. James Jennings

Mailing Address 16 Woodland Way

City State Zip Code
Greenville SC 29601-3821

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 08 / 2010**

Transaction ID: SA11AI.27365

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
Ms Mary Koessler

Mailing Address 5892 Jameson Dr

City State Zip Code
Naples FL 34119-4638

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 ▼ **300.00**

Date of Receipt **01 / 08 / 2010**

Transaction ID: SA11AI.27383

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional) **800.00**

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 / 18
(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)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial)
Mr Richard C Marx

Mailing Address PO Box 440

City State Zip Code
Wappingers Falls NY 12590-0440

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

Name of Employer Self Occupation Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 14 / 2010**

Transaction ID: SA11AI.27679

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
Mr Agris Pavlovskis

Mailing Address 829 Ann St

City State Zip Code
East Lansing MI 48823-4509

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

Name of Employer Michigan Exchange Carrier Assn Occupation Economist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 26 / 2010**

Transaction ID: SA11AI.27983

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
Dr. Anthony Sanchez

Mailing Address 869 Inverness Cir

City State Zip Code
Spartanburg SC 29306-6680

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

Name of Employer Orthopedic Specialtics Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 14 / 2010**

Transaction ID: SA11AI.27740

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 18
	<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)
HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial) Mr Edwin Sandham		Date of Receipt MM / DD / YYYY 01 / 08 / 2010
Mailing Address 1964 SW Saint Andrews Dr		Transaction ID: SA11AI.27465
City Palm City	State FL	Zip Code 34990-2210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Jennifer N N Scott		Date of Receipt MM / DD / YYYY 01 / 20 / 2010
Mailing Address P O Box 140764		Transaction ID: SA11AI.28316
City Gainesville	State FL	Zip Code 32614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Charles Shoultz		Date of Receipt MM / DD / YYYY 01 / 06 / 2010
Mailing Address 15004 Sendero Ln		Transaction ID: SA11AI.27118
City Woodway	State TX	Zip Code 76712-7570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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 / 18
(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)
HOUSE CONSERVATIVES FUND

A.

Full Name (Last, First, Middle Initial)
Dr. Robert Smith

Mailing Address 2965 Pickwick Dr

City Columbus State OH Zip Code 43221-2925

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2010

Transaction ID: SA11AI.28265

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. William B Snyder

Mailing Address 555 5th Ave NE Ph 2

City Saint Petersburg State FL Zip Code 33701-2663

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 ▼ 500.00

Date of Receipt 01 / 14 / 2010

Transaction ID: SA11AI.27752

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Ilona Soldes

Mailing Address 10 Gristmill Ln

City Great Neck State NY Zip Code 11023-1813

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 01 / 14 / 2010

Transaction ID: SA11AI.27753

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 / 18
	<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)
HOUSE CONSERVATIVES FUND

A.	Full Name (Last, First, Middle Initial) Ada A A Strassenburgh		Date of Receipt
	Mailing Address P O Box 608		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Ocean View NJ 08230		<input type="text"/> 0 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28397
	Name of Employer retired		Occupation 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"/> 350.00	<input type="text"/> 150.00

B.	Full Name (Last, First, Middle Initial) Miss Yolande Strawinski		Date of Receipt
	Mailing Address 1130 Sylvan Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Monterey CA 93940-4903		<input type="text"/> 0 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 4 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.27758
	Name of Employer New York Life Insurance Co		Occupation Agent
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"/> 300.00	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) Mr Robert Sunderland		Date of Receipt
	Mailing Address 953 Pyrite Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Henderson NV 89011		<input type="text"/> 0 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 9 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28181
	Name of Employer Retired		Occupation 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"/> 300.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/> 11335.00

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)
HOUSE CONSERVATIVES FUND

<p>A. Full Name (Last, First, Middle Initial) Active Engagement</p> <p>Mailing Address 44084 Riverside Parkway Suite 350</p> <p>City Landsdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement PAC Web Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26516</p> <p>Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5300.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Advanced Mailing Services</p> <p>Mailing Address 14970 Farm Creek Drive</p> <p>City Woodbridge State VA Zip Code 22191</p> <p>Purpose of Disbursement PAC Direct Mail Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26510</p> <p>Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2735.22</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Campaign Solutions</p> <p>Mailing Address 118 N St. Asaph Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement PAC Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26535</p> <p>Date of Disbursement 01 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 750.14</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8785.36

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)

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<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)
HOUSE CONSERVATIVES FUND

A.	Full Name (Last, First, Middle Initial) Robertson Mailing List Company Mailing Address Two Riverbend 44084 Riverside Pkwy Suite 350 City Landsdowne State VA Zip Code 20176-6823 Purpose of Disbursement PAC Direct Mail Production Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26522 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 1128.75
B.	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 3140 W. Ward Road Suite 201 City Dunkirk State MD Zip Code 20754 Purpose of Disbursement PAC Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26512 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 6053.91
C.	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 3140 W. Ward Road Suite 201 City Dunkirk State MD Zip Code 20754 Purpose of Disbursement PAC Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26525 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 3250.00

SUBTOTAL of Disbursements This Page (optional) ▶

10432.66

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)

PAGE 17 / 18

<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)
HOUSE CONSERVATIVES FUND

<p>A. Full Name (Last, First, Middle Initial) The Richard Norman Company</p> <p>Mailing Address 44084 Riverside Parkway, #350</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement PAC Direct Mail Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.26508</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">25107.44</td> </tr> </table> <p>003 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	6	/	2	0	1	0	25107.44
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	0	6	/	2	0	1	0													
25107.44																						
<p>B. Full Name (Last, First, Middle Initial) Tri-State Envelope Corporation</p> <p>Mailing Address P.O. Box 433</p> <p>City Beltsville State MD Zip Code 20704</p> <p>Purpose of Disbursement PAC Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.26520</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1521.46</td> </tr> </table> <p>003 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	1	0	1521.46
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	9	/	2	0	1	0													
1521.46																						

SUBTOTAL of Disbursements This Page (optional) ►

26628.90

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

45846.92

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 / 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs LLP			Nature of Debt (Purpose): PAC Legal Fees
Mailing Address 2550 M Street, NW			
City Washington	State DC	ZIP Code 20037	

Outstanding Balance Beginning This Period		Transaction ID: SD10.28479	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
22990.81	0.00	22990.81	

1) SUBTOTALS This Period This Page (optional).....	22990.81
2) TOTALS This Period (last page this line number only).....	22990.81
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	22990.81