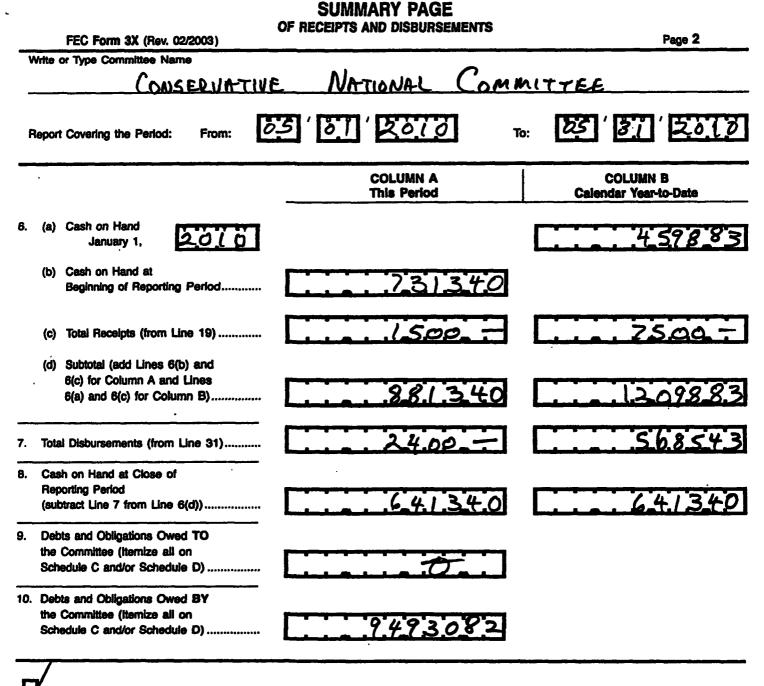
1 NAME OF COMMITTEE (in Mil) TYPE OR PRINT V Example: If typing, type over the lines. 12FE4M5 4 CLOUDISLE (R.V.Ar.7 (LIVE, MIAT (LOUDIAL, COMAR, T.T.E.E.)) AQPRESS (number and street) If IOL BLOX, III 01/132(61 4 CHORE If different men previously reported (ACC) If IOL BLOX, III 01/132(61 If IOL BLOX, III 01/132(61 2. FEC IDENTIFICATION NUMBER V CITVA STATE A ZIP CODE A 2. FEC IDENTIFICATION NUMBER V CITVA STATE A ZIP CODE A 4. TYPE OF REPORT (Choose One) (a) Monthy menopreviously (a) Quarterly Report (C1) Image: City A MEW of Mile Addenated (ACC) Image: City A (a) Quarterly Report (C2) App: 15 Mer 20 (M2) Mer 20 (M5) Aug 20 (M6) Image: City A (a) Quarterly Report (C2) April 15 Mer 20 (M2) Mer 20 (M2) Image: City A Image: City A (a) Quarterly Report (C2) April 15 Mer 20 (M2) Mer 20 (M2) Image: City A Image: City A (b) Date 16 Guarterly Report (C2) April 20 (M2) Mer 20 (M2) Image: City A Image: City A Image: City A (c) Date 176 Guarterly Report (C2) April 20 (M2)	FEC FORM 3X	AND D	T OF REC ISBURSEN Ian An Authorized	MENTS	REC Fec Ma 2010 Jul 2	CEIVED NL CENTER 20 AM 9: 17 Office Use Only	٦
ADDRESS (number and street) Ist. B. D. D. D. X. 11 0.1.3.2.16. Chack if different in productary reported. (ACC) Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist.					12FE4M5		
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5. Covering Period 5. Covering Period T 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 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office State Office State	4. TYPE OF REPO (Choose One) (a) Quarterly Report (a) Quarterly Report (a) Quarterly Report (a) Quarterly Report (b) Quarterly Report (b) Quarterly Report (c) Quarterly Report (PRT (b) Monthly Report rts: Due On Report (Q1) (c) 12- Report (Q2) PR Report (Q3) Report (Q3) Report (YE) (d) 30- d-Year (d) 30- MY) Re	REPORT Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) Day E-Election port for the: Election on Day ST-Election port for the:	(N) O May 20 (I Jun 20 (N Jun 20 (M Primary (12P) Convention (12C)	R (A M5) Aug M6) Sep 7) Oct General Special Special	20 (M8) Nov (Non-F 20 (M9) Dec (Non-F 20 (M9) Dec (Non-F 20 (M10) Jan 3 (12G) Runo (12S) In the State of 30R) Spect in the Spect	Snly) 20 (M12) Election Snly) 31 (YE) ff (12R)
USE Rev. 12/2004	I certify that I have example Type or Print Name of T Signature of Treasurer NOTE: Submission of fals	Freasurer RACP4	o the best of my know T. GALL Collion	(HWC)	Date	d complete.	

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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

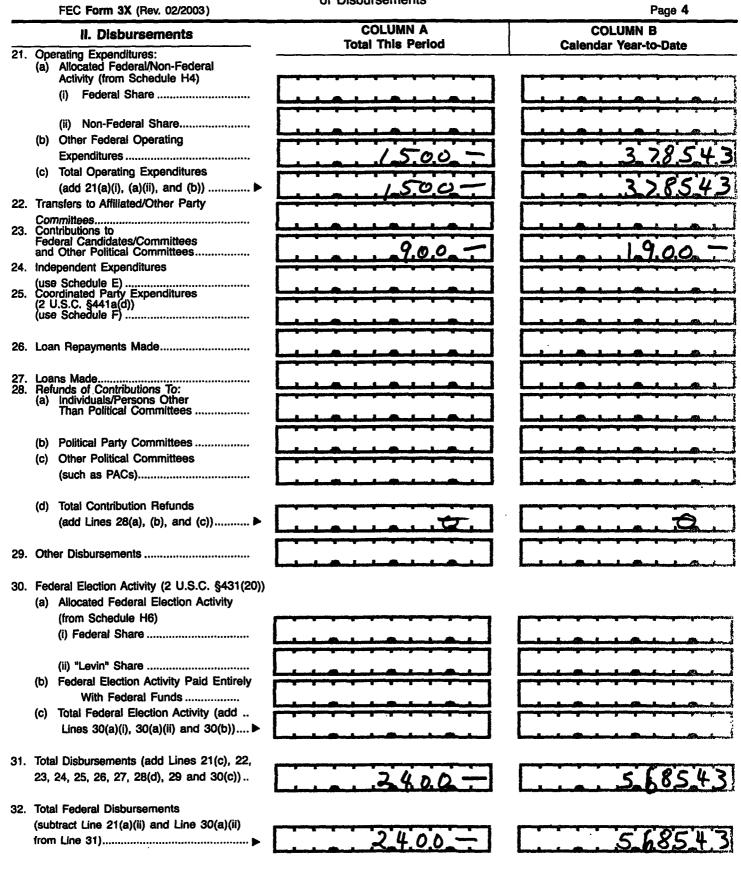
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Write or Type Committee Name <u>CONJSERVATIVE NATIONAL</u> COMM Report Covering the Period: From: 05' 01' 2010 I. Receipts COLUMN A Total This Period	To: 0.5 ' 37 ' 2010 COLUMIN B Calendar Year-to-Date 75.0.0
Report Covering the Period: From: 05' 01' 2010 COLUMN A	To: 0.5 ' 37 ' 2010 COLUMIN B Calendar Year-to-Date 75.0.0
L Papalinte COLUMN A	COLUMN B Calendar Year-to-Date
	Calendar Year-to-Date
11. Contributions (other than loans) From:	
(a) Individuals/Persons Other Than Political Committees	
(i) Itemized (use Schedule A)	
(ii) Uniternized	
(iii) TOTAL (add	
Lines 11(a)(i) and (ii)	25.00
(b) Political Party Committees	
(c) Other Political Committees	
on (such as PACs)	Land Landson and the American Am
Image: Symplectic contributions (add Lines) Image: Symple	
↔ Totals to Line 33, page 5)	7500-
H1 12. Transfers From Affiliated/Other	
C Party Committees	
N)	
C 13. All Loans Received	
14. Loan Repayments Received	
15. Offsets To Operating Expenditures	Internet and the second s
(Refunds, Rebates, etc.)	
(Carry Totals to Line 37, page 5)	
16. Refunds of Contributions Made	
to Federal Candidates and Other	
Political Committees	
(Dividends, Interest, etc.)	
18. Transfers from Non-Federal and Levin Funds	hand handsambardandandandandandand
(a) Non-Federal Account	····┨ ┠──┰──╂──╂──╂──╂──╂──╂──╂──╂──╂
(from Schedule H3)	
(b) Levin Funds (from Schedule H5)	L Lucarran
(c) Total Transfers (add 18(a) and 18(b)).	
19. Total Receipts (add Lines 11(d),	
12, 13, 14, 15, 16, 17, and 18(c))	7500-
20. Total Federal Receipts	
(subtract Line 18(c) from Line 19)►	75.00-

FE5AN015

DETAILED SUMMARY PAGE

of Disbursements



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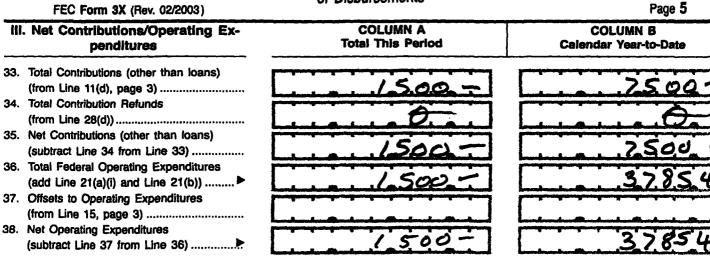
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DETAILED SUMMARY PAGE

of Disbursements



SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 0 0 0 11a 11b 11c 12 13 14 15 16 17	
40	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CONSERVATIN Full Name (Last, First, Middle Initial)	name and a	ay not be sold or used by any per ddress of any political committee	to solicit contributions from such committee.
۲. 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	GEDRGE MHRLIN Mailing Address IO IO CEDHQ LANE City NEW Hype PARK FEC ID number of contributing tederal political committee. FEC ID number of contributing tederal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼ Other (specify) ▼		Zip Code 11040 TINHNCE Year-to-Date V	Date of Receipt
10202038	Full Name (Last, First, Middle Initial) Billy Mound G.E.A. Mailing Address Box 3696 City FACKSON FEC ID number of contributing federal political committee. Name of Employer SELF Receipt For: Primary General Other (specify) ▼	State MS C Occupation ENE	Zip Code 32907 LEFY PRODUCTION Year-to-Date V	Date of Receipt
C.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State	Zip Code	Date of Receipt
	UBTOTAL of Receipts This Page (optional)	·		and the state of t

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS Use separate schere) (check/only	/ one)		
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Any information copied from such Reports and Sta or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)					
Full Name (Last, First, Middle Initial)	E NATIONA	LC	OMMITTEE		
A. JOHN GIZZI			Date of Disbursement		
Mailing Address Box 1013	26		05 17 2010		
City A-RLINGTON	State Zip Code)			
Purpose of Disbursement ADMINISTRATIVE EX	AFARCE	601	Amount of Each Disbursement this Period		
Candidate Name	(ENDE)	Category/	ด้วยการที่สุดการหนึ่งการที่สุดการที่สุดการหนึ่งการที่สุดที่ มาการใจการการการการการการการการการการการการการก		
		Туре	L.S.O.		
Office Sought: House Disbur Ch Senate [ST President [rsement For: Primary General Other (specify) ▼				
State: District:					
 Full Name (Last, First, Middle Initial) B. 			Date of Disbursement		
Mi Mailing Address					
	State Zip Code		· · · · · · · · · · · · · · · · · · ·		
Purpose of Disbursement		- and a second second	Amount of Each Disbursement this Period		
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Office Sought: House Disbur Senate President	sement For: Primary ☐ General Other (specify) ▼				
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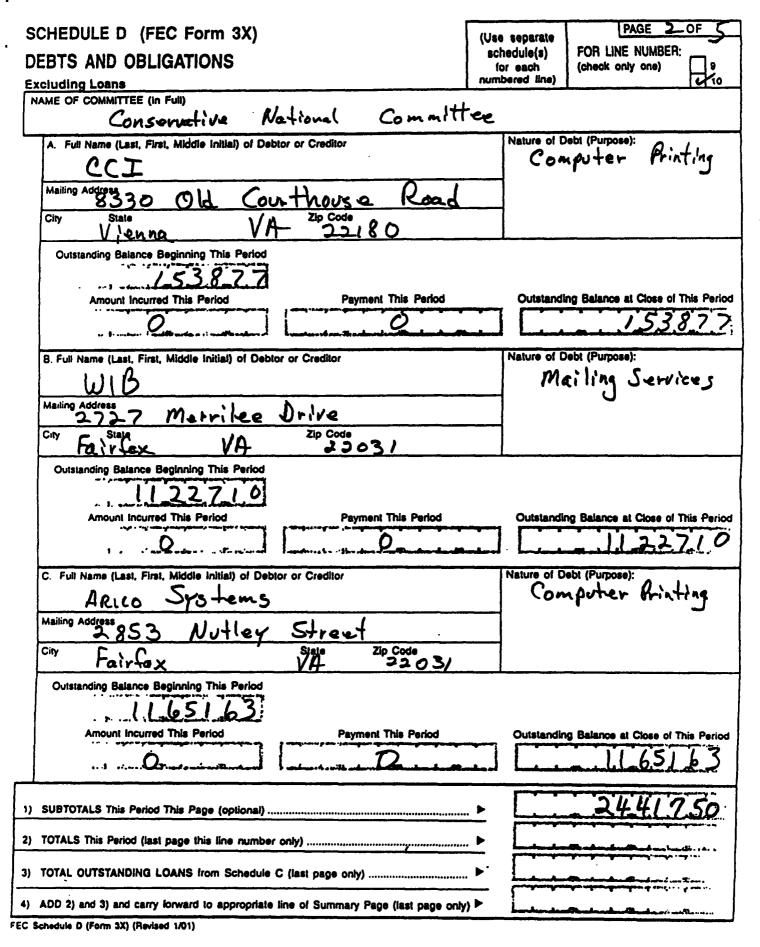
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Any information copied from such Reports and Staten or for commercial purposes, other than using the name	by any person committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.	
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CONSERVATIVE	NATIONAL CO	MMITT	ĨEE
Full Name (Last, First, Middle Initial)	5. Senate		Date of Disbursement
A. RAND PAUL for UL Mailing Address		651 74 2010	
• · · · · · ·	State Zip Code		Carried Landard Laboratoria
POLITICHE CONTRI	BUTION		Amount of Each Disbursement this Period
Candidate Name PAUL		Category/ Type	500 -
Office Sought: House Disbursen	Primary General		
	Other (specify)		
Full Name (Last, First, Middle Initial)			······································
B. TIM BURNS FOR	CONGRESS	5	
Mailing Address Bax 4483			05 74 2010
	PA Zip Code PA /53.30		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name BURNE	Category/		
TIM BURNS Office Sought: House Disbursen	Туре		
	Primary General Other_(specify) v		
State: VA District: 12-CD	SPECIAL		
Fuil Name (Last, First, Middle Initial) C.	•		Date of Disbursement
C. DJOU for CONGRES Mailing Address Barry 23624		· · ·	051742010
F.U. POX 2-51	<u> </u>		
HONOLULU A	tate Zip Code 96823		
Candidate Name	BUTION	21.1	Amount of Each Disbursement this Period
CHARLES, DJOU		ategory/ Type	200-
Office Sought: V House Disbursem	ent For: Primary General		· · ·
State: HA District: /-CD	Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		······ •	
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PAGE OF SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) DEBTS AND OBLIGATIONS (check only one) 0 for each numbered line) X10 Excluding Loans NAME OF COMMITTEE (In Full) Committee Conservative Netional Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor List Rental Umega Lts+ Company Mailing Addres \$\$ 490 Road Í City Zip Code State 22102 Mr Outstanding Balance Beginning This Period 269 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period Nature of Debt (Purpose): B. Full Name (Last, First, Middle Initial) of Debtor or Creditor E Associat fundraising 4 (Bruce W 2 Mailing Address Koad City State Zip Code Mr 22 0 2an Outstanding Balance Beginning This Period 1. Amount Incurred This Period **Payment This Period** Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Graphics (JRAPHICS Mailing Address thouse Cour City Zip Code 80 onna Outstanding Balance Beginning This Period 1 Charles Amount Incurred This Period **Payment This Period** Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number only) 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) > ٤... FEC Schedule D (Form 3X) (Revised 1/01)



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PAGE 2 OF SCHEDULE D (FEC Form 3X) 5 (Use separate FOR LINE NUMBER: schedule(s) DEBTS AND OBLIGATIONS for each (check only one) 9 numbered line) 110 Excluding Loans NAME OF COMMITTEE (In Full) Committee Conservative National Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANDIEWS REPRODUCTION CENTER PRINTING_ Mailing Address Drive Bacon 10101-J Zip Code City State 20705 MD Ő. Outstanding Balance Beginning This Period 72 609 0 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 09 20 Nature of Debt (Purpose): B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legal Services Kont ESulliven Canter Mailing Address N. W. r e e 2020 Zip Code City State 20006 ภั Dech Outstanding Balance Beginning This Period Amount Incurred This Period **Payment This Period** Outstanding Balance at Close of This Period Nature of Debt (Purpose): C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PRINTING SERVICES Printi Southeest Mailing Address 2401 Rid Wilson State Zip Code City Arlimton 22201 Outstanding Balance Beginning This Period ç 9 0 Amount Incurred This Period **Payment This Period** Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number only) 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) FEC Schedule D (Form 3X) (Revised 1/01)

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 4 OF 5
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Excluding Loans	(enii beredmun	LTO
NAME OF COMMITTEE (In Full) CONSERVATIVE NATIONAL COMP A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	MITTEE Nature of C	Debt (Purpose):
DIVERSIFIED MAILING SERVICES Mailing Address 4333 DAVENPORT ROAD City State FOSDEDICKSBURG VA 22401		LING SERVICES
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstand	ng Balance at Close of This Period
		74316
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):
SIR SPEEDY PRINTING CENTERS	IR	NTING-
Malling Address <u>5881</u> <u>LEESBURG</u> PIKE City State Zip Code <u>FRUS</u> CAURCH VA 22041		
Outstanding Balance Beginning This Period		
87.522		
Amount Incurred This Period Payment This Period	Outstand	ng Balance at Close of This Period
		8.7522
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of C	lebt (Purpose):
C. C.		PUTER SERVICES
SATURN CORPORATION Malling Address		
4701 LYDELL ROAD		
City State Zip Code CHEVERLY MD 20781		
CHEVERLY MD 20781 Outstanding Balance Beginning This Period		
9.7.8.8.2		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	····· >	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page	only) >	

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SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 5 OF 5		
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one)		
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NAME OF COMMITTEE (In Full)				
CONSERVATIVE NATIONAL COM	MITTEE			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	J	Debt (Purpose):		
JAMES K. FEANBLANC	LEG	AL SERVICES		
Malling Address 1730 M ST NW				
City State Zip Code 20036				
Outstanding Balance Beginning This Period				
1200163				
Amount incurred This Period Payment This Period	Outstand	ng Balance at Close of This Period		
Ð.		12001 63		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):		
B. Fuil Name (Last, First, Middle Initial) of Debtor of Creditor	Nature of L	veor (Fulpose).		
Mailing Address				
City State Zip Code				
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		ng balance at close of his rendo		
	محمد المحمد			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):		
Mailing Address				
City State Zip Code				
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nly) >	9.4.9.3.0.8.2		

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation [™] or Signature	Confirmation [™] Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next E	Business Day Delivery			
Received from House Records & Registration Offic	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Da Other (Specify):	ate of Receipt or Postmarked			
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PREPARER	DATE PREPARED			